

USP Florence Administrative Maximum Security (ADX) Inspection Report And USP Florence-High Survey Report



USP Florence ADX

(photo by Federal Bureau of Prisons)

**District of Columbia
Corrections Information Council**

October 31, 2018



District of Columbia Corrections Information Council

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About the District of Columbia Corrections Information Council

The District of Columbia Corrections Information Council (CIC) is an independent oversight body mandated by the United States Congress and the Council of the District of Columbia to inspect, monitor, and report on the conditions of confinement in correctional facilities where inmates from the District of Columbia are incarcerated. This includes facilities operated by the Federal Bureau of Prisons (BOP), the District of Columbia Department of Corrections (DOC), and private contractors.

The CIC reports its observations and recommendations to the District of Columbia Representative in the United States Congress, the Mayor of the District of Columbia, the Council of the District of Columbia, the District of Columbia Deputy Mayor for Public Safety and Justice, the Director of the BOP, the Director of the DOC, and the community.

Although the CIC does not handle individual complaints or provide legal representation or advice, individuals are still encouraged to contact the CIC. Reports, concerns, and general information from incarcerated DC residents and the public is very important to the CIC, and they greatly inform our inspection schedule, recommendations, and reports. However, unless expressly permitted by the individuals or required by law, names and identifying information of inmates, corrections staff not in leadership, and members of the general public will be kept anonymous and confidential.

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Executive Summary

Florence ADX

Dates of Inspection: April 26-27, 2017

Location: Florence, Colorado

Distance from DC: 1,682 miles

Facility Profile

Security Level: Administrative Maximum

Rated Capacity: 490

Total Population: 427 (87.2% capacity)

Staff-to-Inmate Ratio: 1.22 : 1

DC Inmates

DC Population: 35 (9.78% of total population)

Average Age: 45.3 years old

Average Sentence: 364 months

Individuals with Detainers: 6

Findings

- Incarcerated DC men are disproportionately housed at Florence ADX, as they comprised 8.2% of the Florence ADX inmate population but 2.5% of the total federal inmate population.
- Inmates at Florence ADX spend 22 or more hours a day alone in a cell with no meaningful human contact, in what is commonly known as solitary confinement.
- *Cunningham v. BOP*, a class action lawsuit filed in June 2012 involving several Florence ADMAX inmates with mental illness against the BOP, resulted in a settlement between the parties on December 29, 2016. Terms of the settlement apply to the class of plaintiffs listed as well as the subclass of inmates present and future with mental illness in Florence ADMAX.
- Half of 24 DC men surveyed reported being incarcerated at Florence ADX for over five years. Three reported being incarcerated at Florence ADX for over 20 years.
- Staff stated that 92% of inmates at the Florence ADX were designated to the facility due to discipline issues at other BOP facilities.
- STAGES is a program unit that operates as an alternative to inmates with mental illness whom might otherwise be in Florence ADMAX, as a way to divert said inmates from solitary confinement.
- Staff reported that, at times while in four-point restraints, inmates would be temporarily unfettered, so that they can shower and clean their cells. Staff then would place the inmates back in restraints.
- After the CIC's onsite recommendation, Federal Correctional Complex Florence began participating in the CSOSA's Quarterly Community Resource Day Video Conference.

Recommendations

Based on the inspection of Florence ADX, the CIC makes the following recommendations.

1. The facility should monitor that those in general population units in particular, as well as other units, are receiving more hours of out-of-cell time each day.
2. The CIC recommends that those from DC are evaluated for participation in the Step Down and STAGES program, to ensure that there is no disparate treatment in such transfers.
3. An independent qualified mental health professional provide evaluations of inmates' current levels of functioning. If, in the clinical judgment of this independent evaluator, the inmate requires a higher level of care, the BOP should make arrangements for their transfer to a more appropriate facility.
4. Increased access to psychology services, including increased rounds and documented contact to better ensure access. Ensure adequate mental health staffing and deployment schedules so as to be able to respond to inmate requests within a reasonable period of time.
5. Increase capacity for group programming by converting the former UNICOR space or another such space to group therapy space. Examine alternates to cages as security measures for group programming.
6. Refrain from punishing inmates following acts of self-harm.
7. Screen inmates for traumatic brain injury (TBI) upon their admission to the facility.
8. The facility and agency should evaluate time between requests and receipt of medical and dental care and endeavor to make any necessary improvements.
9. Evaluate inmates, taking into account disability and mobility needs in reference to design limitations of the cells; then take measures to accommodate these needs, including transfer to more appropriate facilities that can accommodate those needs.
10. Use restraints as a last resort, in a limited capacity, if at all, and not as a punitive measure.
11. Mental health staff consider alternatives to security's use of restraints in instances where signs of potential mental health decompensation are present immediately, rather than the once every 24-hour review.
12. Evaluate wait times for disciplinary hearings, taking into account outliers as well as averages, and it should complete monthly reviews of such times to quickly remedy instances where people are waiting weeks for hearings.
13. The facility and agency review the administrative remedies process and take corrective action to address any circumstances that may circumvent opportunities for review of grievances on the merits.
14. Explore more ways for inmates to participate in out-of-cell programming, including conversion of old UNICOR space to programming space. In addition, facility should explore programming options outside of cages

15. Implement more programs like the STAGES Program as alternatives to solitary confinement for those with mental illness; and go further to use similar programs to reduce the use of solitary confinement for all incarcerated persons.
16. View communication less as a privilege to be denied and more as a public safety issue, allowing for more efficient communication with home via mail and video conferencing.
17. The facility and the agency evaluate the reentry programming in the Release Preparation Unit and more broadly offered by Reentry Services Coordinator to identify ways to improve content and delivery.
18. Evaluate the cases of those who are within 24 months of release who could potentially be released straight from Florence ADX in an effort to maximize the amount of potential halfway house time for up to a year, per *The Second Chance Act of 2007*.

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I. Introduction

United States Penitentiary, Administrative-Maximum, also known as USP Florence ADX or Florence ADX (hereinafter, Florence ADX), is an administrative maximum-security facility located in Florence, Colorado, approximately 1,682 driving miles from Washington, DC. Florence ADX is part of Federal Correctional Complex (FCC) Florence, which also includes USP Florence High and Federal Correctional Institution (FCI) Florence. Additionally, the FCC includes a satellite prison camp, which is used to provide labor, such as maintenance and cleaning, in the FCC facilities.

The CIC conducted an on-site inspection of Florence ADX on April 26 and 27, 2017. The information included in this report was gathered during the inspection, which included a tour of the facility, informal discussions with staff, a review of facility documents, and confidential interviews with 24 DC inmates. The areas of Florence ADX toured by the CIC included one general population housing unit, the Control Unit, the Special Housing Unit, Step-Down Unit Joker, the Kilo Unit, and the Consolidated Legal Center.¹ The CIC did not inspect the Special Security Unit or Range 13 in the Special Housing Unit.² A clinical psychologist accompanied the CIC on the inspection and was consulted as an expert in correctional mental health in the writing of this report.

On April 28, 2017, the CIC toured the STAGES Unit and Step-Down Unit B, which are components of the administrative maximum-security program, at USP Florence High. The CIC also spoke with DC men incarcerated throughout USP Florence High. Information obtained about the two units toured in this facility is contained throughout this report. Information from incarcerated DC men in USP Florence High can be found at the end of this report.

The rated capacity of Florence ADX is 490 inmates. At the time of the CIC inspection, the inmate population was 427, which represents 87.1% of the facility's capacity. Florence ADX held 35 men sentenced under the DC Criminal Code – comprising 8.2% of the facility's total population. DC inmates are disproportionately housed at Florence ADX, as they comprised 8.2% of the Florence ADX inmate population but 2.5% of the total federal inmate population.³ The inmate-to-staff ratio reported by Florence ADX was 1.22 : 1.

Florence ADX is a secure lockdown facility. Except for the inmates in the Joker and Kilo Units, inmates spend 22 to 23 hours a day alone in a cell with no meaningful human contact, in what is commonly known as solitary confinement. The design and operation of the facility are meant to represent the highest levels of security and control in the BOP prison system. The facility houses inmates whom the BOP considers to “require the most security and supervision.”⁴ Colloquially, the

¹ Consolidated Legal Centers (CLCs) are part of the BOP Office of General Counsel.¹ The Colorado CLC is located in the administrative building at the front of Florence ADX. It is the largest CLC in the BOP and is responsible for all litigation and other legal issues arising from BOP facilities in Colorado. The Colorado CLC includes a courtroom with equipment for videoconferencing for hearings in both criminal and civil cases. Federal Bureau of Prisons, Office of General Counsel, https://www.bop.gov/about/agency/org_ogc.jsp

² During the inspection, the CIC requested access to Range 13, but this request was denied by the Acting Warden. There were no incarcerated DC men in Range 13 at the time of inspection.

³ Out of 186,094 individuals in the federal inmate population, 4,691 of those individuals were sentenced under the DC Code. See Federal Bureau of Prisons, U.S. Department of Justice, Population Statistics, https://www.bop.gov/about/statistics/population_statistics.jsp (accessed May 2017).

⁴ Reassessing Solitary Confinement: The Human Rights, Fiscal, and Public Safety Consequences: Hearing Before the Subcommittee on the Constitution, Civil Rights, and Human Rights of the Senate Committee on the Judiciary, 112th Congress (June 19, 2012) (testimony of Charles E. Samuels, Jr., Director, Federal Bureau of Prisons), <http://www.justice.gov/ola/testimony/112-2/06-19-12-bop-samuels.pdf>.

prison is called a “supermax” prison, and its population has been described as the “worst of the worst” by journalists.⁵

A. Cunningham v. BOP

In June 2012, a class action lawsuit began involving several Florence ADMAX inmates with mental illness against the BOP. The lawsuit, known as *Cunningham v. BOP*, ultimately resulted in a settlement between the parties on December 29, 2016, with the terms of the settlement applying to the class of plaintiffs listed as well as the subclass of inmates present and future with mental illness in Florence ADMAX.⁶ Some of the major terms of the settlement include:

- Creation and revision of BOP policies governing mental health diagnosis, treatment, suicide prevention, and conditions of confinement that could create or exacerbate mental illness;
- Two secure mental health units in USP Atlanta and USP Allenwood, as well as the STAGES program in USP Florence-High (see STAGES Program section, below);
- Areas for private tele-psychiatry and mental health counseling in all units in Florence ADMAX, as well as space for group therapy in the facility;
- Screening of inmates prior to and after arrival at the facility for mental illness, as well as periodic screenings to ascertain whether mental illness has developed while incarcerated at the facility, and the exclusion of those with serious mental illness “except when extreme security needs exist”;
- Availability of psychotropic drugs for those who need them, as well as visits by mental health professional every 90 days or as needed for at least the first year; and
- Ensuring that use of force, use of restraints, and discipline are applied appropriately to inmates with mental illness, per policies.⁷

The settlement agreement also calls for monitoring by two psychiatrists who are experts in correctional mental health diagnosis and treatment, with no more than three onsite monitoring visits during the two years from settlement and compliance reports.⁸ The inmates at Florence ADMAX during the compliance period are to be given the contact information of the Center for Legal Advocacy (CLA), Colorado’s Protection and Advocacy agency, which can receive inmates’ assertions of violations of the settlement agreement and take steps to resolve these complaints pursuant to the *Protection and Advocacy for Individuals With Mental Illness Act*, 42 U.S.C. §§ 10801, et seq.⁹

During the course of the three-plus year litigation, the BOP had implemented some of the provisions of the settlement, including the creation of the secure mental health units, and moving

⁵ See, e.g., David Abel, *Colorado prison ‘a high-tech version of hell,’* Boston Globe (Apr. 26, 2015), <https://www.bostonglobe.com/metro/2015/04/25/the-alcatraz-rockies/a0BWtZjRpmQatMsfm8FUOL/story.html>; Michael Taylor, *The Last Worst Place/The isolation at Colorado’s ADX prison is brutal beyond compare. So are the inmates*, SFGate (Dec. 28, 1998), <http://www.sfgate.com/news/article/The-Last-Worst-Place-The-isolation-at-2970596.php>.

⁶ *Cunningham v. BOP*, Addendum To Joint Motion To Approve Settlement, Item I (5)(a-c), adopted in Order to Approve Settlement, Dec. 29, 2016.

⁷ *Id.*

⁸ *Id.* at II.C.

⁹ *Id.*, at IV.

some mentally ill inmates to other facilities. The facility has made available conditions of the settlement, including on the internal television system, and in writing besides the law library computers.

The CIC's onsite inspection occurred in April 2017, four months after the settlement order. While this report may include some representations by inmates and observations by the CIC representatives, both onsite and after the April 2017 visit, the CIC and its observations are not part of the litigation; and, therefore, the CIC does not make any conclusions or representations regarding the BOP's compliance with the settlement terms. However, throughout this report, the CIC recommends that the facility and agency obtain and maintain compliance with the conditions with settlement agreement during and beyond the three-year settlement term.

B. Demographics of DC Population

The DC population at Florence ADX is almost entirely Black (96.9%), majority Muslim (53.1%), and has an average age of 45 years old.¹⁰ The overall population at Florence ADX is 37.7% Black and 22% Muslim, and has a similar average age of 46 years old. The DC population at Florence ADX has higher rates of individuals convicted of offenses classified as "homicide/aggravated assault" and "sex offenses," and a lower rate of offenses classified as "drugs" or "weapons/explosives."

Survey Respondents

There were 24 individuals sentenced under the DC code housed at Florence ADX who, at least partially, completed a CIC survey, either during the on-site inspection or after the inspection and returned by mail. Half of the respondents reported being incarcerated at Florence ADX for over five years. Three respondents reported being incarcerated at Florence ADX for over 20 years.

C. Feedback from DC Population

Many DC inmates surveyed reported feeling stigmatized because they are from DC, with the majority noting that the separation from family is extremely difficult. Inmates also reflected that the restrictive setting of Florence ADX has done nothing but hurt them. One DC inmate, who had been at Florence ADX for more than 11 years, commented, "this experience I've gone through has been one of misery." Another summed up his experience by saying, "Being here does not correct your behavior or whatever you came here for, as staff or the outside may think it will. In most cases it makes you even more bitter and aggressive due to how you're treated."

One DC inmate explained his and others experience as being, "in cells for 24 hour a day, and we only see staff when they feed us and pick up food trays, and [during] recreation." Another reflected that, "daily life here is very boring and challenging if you are not physically and mentally strong, and can endure the conditions you're faced with daily in this setting." One man commented that he after being in Florence ADX, he was, "just happy to be alive." Another person intuited that the facility is, "harsh and not healthy for mentally ill inmates."

In reference to the distance between Washington, DC, and Florence, CO, DC inmates were nearly unanimous in their responses, with all but two expressing their desire to move closer to home. Inmates noted that the distance between DC and Colorado makes it difficult, if not nearly impossible, for family to visit. Specifically, inmates shared the following: "I have not seen anyone in my family on a visit since 2003;" and "I need to see my family. I need to see my father and

¹⁰ Demographic information received from the BOP per CIC request, March 2017.

children.” In discussing their desire to move closer to DC, the majority of respondents felt that being closer their homes, families, and communities would improve their chances of successful reentry. One inmate wrote that he wants to be closer to D.C., "because I would have the opportunity to reach out to people who could better help me with my reentry, and being in the city I am able to be better informed of what programs are offered in D.C."

II. ADX Units

As the most secure prison in the BOP, almost all inmates are kept alone in their cells for nearly the entire day. In most units, inmates are allowed out of their cells for visitation, some forms of medical treatment, access to a computer with legal materials, and limited recreation time.

A. Referral to ADX

In response to the CIC survey, DC inmates reported that they were referred to Florence ADX from several facilities. USP Lewisburg and USP Marion were the facilities with the largest amount of referrals, with seven and four referrals, respectively. During the on-site inspection, staff stated that 92% of inmates at the Florence ADX were designated to the facility due to discipline issues at other BOP facilities.

One individual provided the CIC with a hearing administrator’s report from his appeal regarding his placement in the general population units at Florence ADX. In the report from January 2015, the hearing administrator found that the inmate “meets the criteria for placement in the ADX-GP” based on his institutional conduct between 1988 and 1994. The inmate was transferred to Florence ADX in 1995.

B. Housing Units

Florence ADX has nine housing units, and the facility operates its housing units on the basis of six security levels. They are listed below in order of most to least restrictive.

“**Range 13**” is a four-cell wing of the Special Housing Unit (or “SHU”). There were no incarcerated DC men on Range 13 at the time of the inspection. It is the most restrictive and most isolated area within Florence ADX. The U.S. Department of Justice, Office of the Inspector General reported a psychologist at Florence ADX describing solitary confinement on Range 13, saying, “You have no contact, you don’t speak to anybody, and it’s a form of torture on some level.”¹¹

The **Control Unit** (Bravo Unit) is the most secure housing unit. Inmates are referred to the unit based on behavioral incidents and are provided an opportunity for a hearing prior to placement.¹² Inmates in the Control Unit are isolated at all times, including recreation, and remain in their cells for 23 to 24 hours a day. Inmate’s behavior and compliance with the institutional and unit rules are assessed monthly. If an inmate does not maintain clear conduct for an entire month, then the inmate does not receive time served for any days in that month. The Control Unit has 78 cells. At the time of the inspection, 77 inmates were housed in the Control Unit, and additional inmates were housed in the Control Unit overflow section of the SHU. Three inmates in the Control Unit were from DC, including one who was housed in the overflow section of the SHU. Prior to the inspection, the

¹¹ Office of the Inspector General, U.S. Department of Justice, *Review of the Federal Bureau of Prisons’ Use of Restrictive Housing for Inmates with Mental Illness* (July 2017), p. 16. <https://oig.justice.gov/reports/2017/e1705.pdf>.

¹² Federal Bureau of Prisons, U.S. Department of Justice, Program Statement No. 5212.07, Control Unit Programs (Feb. 20, 2001), http://www.bop.gov/policy/progstat/5212_007.pdf.

facility reported that 89 inmates were designated to the Control Unit, and that 18 of those inmates were diagnosed with a mental health issue.

The **Special Security Unit** (Hotel Unit, or H Unit) is for inmates who have “special administrative measures” (SAMs) imposed on them.¹³ According to staff, SAMs restrictions always come from judicial orders. Typically, the judicial orders result from incidents where individuals threaten a witness or present a communication concern, such as being a leader of a gang or involvement in terrorism. At the time of inspection, no individuals from DC were housed on the unit.

The **Special Housing Unit** (“SHU” or Charlie Unit) was serving as the housing unit for inmates who had newly arrived at the facility and for additional individuals from the Control Unit, according to staff during the inspection. At most facilities, the SHU is a lockdown housing unit for inmates who have been sanctioned for disciplinary reasons or who need additional protection. During the inspection, however, staff explained that Florence ADX stopped using the unit as a traditional SHU in the beginning of 2016 because disciplinary sanctions can be imposed on any unit since the entire facility is always on lockdown. Following the inspection, the CIC received reports that inmates are still taken from their current housing units and moved to the SHU to serve time for disciplinary sanctions. The unit housed 48 inmates total, including one DC inmate in the Control Unit overflow population.

The **general population units** (Delta, Echo, Fox, and Golf Units) operate similarly to the Control Unit, with some additional privileges, including up to two hours of out-of-cell time per weekday. In the general population housing units, inmates are isolated in their cells for at least 22 hours a day.

The **Step-Down Units** (Joker and Step-Down Unit Bravo) are where inmates are still confined to their cells for most of the day, but are permitted limited but direct contact with other inmates. These units are the phases from the most restrictive housing units, above, to the general federal prison population. Information specific to the Step-Down Program and its process is included below.

The **Kilo Unit** is the least restrictive housing unit at Florence ADX. Staff reported that it primarily houses inmates who were designated to the ADX due to concerns regarding their safety, including high profile inmates and/or those who may be a threat or target to other inmates, and therefore cannot be housed in another institution. To be eligible for placement in Kilo Unit, inmates must have no history of assaults on staff and be incident free for three consecutive years.

C. Cell Descriptions

Except for the Step-Down Units, the cells in the housing units at Florence ADX are arranged in a “linear design” down one side of a hallway (called the “unit range”), which prevents inmates from seeing each other. The cells measure approximately seven by 12 feet, with a poured concrete bed, desk, and stool, and a stainless steel combination sink and



¹³ “Upon direction of the Attorney General, the Director, Bureau of Prisons, may impose special administrative measures that are reasonably necessary to protect persons from death or serious bodily injury. These procedures may be implemented upon written notification to the Attorney General or, at the Attorney General’s direction, by the head of a federal law enforcement agency, or the head of a member agency of the United States intelligence community, that there is a substantial risk that a prisoner’s communications or contacts with persons could result in death or serious bodily injury to persons, or substantial damage to property that would entail the risk of death or serious bodily injury to persons.” Prevention of acts of violence and terrorism, 28 C.F.R. § 501.3(a) (2010), <https://www.gpo.gov/fdsys/pkg/CFR-2010-title28-vol2/pdf/CFR-2010-title28-vol2-sec501-3.pdf>.

toilet, as well as a shower with an automatic shut-off. The beds have handles for attaching four-point restraints. Each cell has a single, narrow window, approximately 42 inches tall by four inches wide, angled to allow inmates to see only the sky. All cells have solid exterior doors with a closable slot and an interior cell door. Inmates may be provided a radio or TV in their cells to use for programming and recreation.

In the Step-Down Units, the cells are on three sides of the unit with a common area in the middle, and the cells open directly into the common area. The cells are a similar size, but do not have an interior cell door, and open directly into the common area. The televisions and showers are located in the common area rather than in the cells. In the Kilo Unit, the common area also has a stationary bike for exercise. The front side of the units is a barred wall that separates the inmate common area from the officer area. Inmates walk up to the barred wall to receive their food trays and can leave books on the bars to be exchanged for other books requested from the library.

Each unit has an observation cell, a medical exam room, and “law library” cell on each range. The observation cell on each range is used for Suicide Watch, attorney-client phone calls, and when inmates need to be placed in restraints because they have destroyed property in their cells. The law library is a largely empty cell at the end of the range that contains a modified computer and concrete shelves.¹⁴

In the Step-Down Units, the law library computer is located in the common area. The common area also contains several tables with attached chairs. An empty cell in each unit instead contains a telephone and can be used for making both social and legal phone calls.

D. Unit Staff

The unit team staff for Florence ADX includes three Unit Managers, six case managers, and six counselors, split between the housing units. Six lieutenants are scheduled to work during the day, and four to five at night, which staff reported is more lieutenants per shift as compared to other BOP facilities. Unit staff rotates quarterly and chooses their assignments based on seniority.

A case manager in one of the general population units explained that the case managers are responsible for program reviews of inmates every six months, starting release planning when inmates are within 18 months of release, filing transfer requests, reconfiguring security points every year, reviewing central files, handling victim and witness programs, and managing separatees – who are inmates who are not supposed to be in physical or visual contact with another inmate.

According to staff, each department conducts rounds at least weekly for each unit. Department staff members conduct rounds on set schedules to see every inmate each week. Psychology Services conducts rounds at least twice a week, and sees inmates more often on request.

E. Step-Down Program

The Step-Down Program is meant to prepare inmates to function in less restrictive conditions. . According to staff, the Step-Down Program is designed as a two-year process. Inmates need one year of clear conduct (Phase 1) prior to being placed into Joker Unit (Phase 2) and usually spend six months in the unit until being transferred to USP Florence High. Inmates complete the final stages of the process at USP Florence High, where they are housed with a cellmate for three to six months before moving to another institution.

¹⁴ Additional information the law library can be found in the “Library” section, below.

Joker Unit

The Joker Unit is an “Intermediate Unit,” and all inmates who will be released or transferred from Florence ADX must go through the unit as the first stage of the step-down process. Each inmate is screened at least once every six months by a multidisciplinary committee. Inmates may spend less time in Joker Unit if they complete a number of programs, but may spend a longer time on the unit if staff “senses” issues. As the first stage in the Step-Down Program, the Joker Unit is the first time inmates interact with other inmates at Florence ADX without restraints. The Joker Unit has 32 cells. Inmates are separated into four different groups, and only inmates in the same group can have group programming and recreation together. At the time of the inspection, one DC inmate was housed in Joker Unit.



Step Down Unit – Bravo B

The CIC also toured the Step Down Unit in Bravo B at USP Florence-High. This unit, also known as the Special Security Unit (SSU) houses inmates in Phases 3 and 4 of the supermax step down program. One must complete all four steps to be transferred out of the SSU. In Phase 3, there is three hours of out-of-cell time per day, and 300 phone minutes per month. On the unit there are computers, phones, and showers outside of the cells. In Phase 4, men are double-celled for at least six months, men receive more out-of-cell time, and they have access to GED programming. Upon completion of Phase 4, one can be transferred to another program with fewer restrictions. At the time of the CIC’s onsite inspection, there were two DC men on Unit Bravo-B.

Denial of Step-Down Program Requests

The CIC reviewed records from five DC inmates regarding their requests to move to the Florence ADX Step-Down Program. The records included the facility response – either approval or denial – to the inmates’ requests, as well as a brief explanation of the reasons for denial.

In total, the CIC reviewed eleven facility responses: ten responses denied the requests, and one approved. For the inmate (Inmate 1) whose placement in the Step-Down Program was approved (May 2015), the approval was followed by a denial five months later (October 2015), and three subsequent denials over the next two years (April 2016, October 2016, and June 2017). The denials, although varying in specific language, cited failure of the inmate to meet prerequisites to placement in the program, as well as the facility requiring additional time to determine whether the inmate could safely function with additional privileges. For example, one denial read, “additional time is needed to determine whether you can function with additional privileges.”

Another inmate’s request (Inmate 2) was also denied for failure to meet prerequisites to placement in the Step-Down Program. A third inmate (Inmate 3) was denied at least three times, between June 2015 and December 2016, due to the circumstances for which he was originally placed in Florence ADX (a history of assault on staff). A fourth inmate (Inmate 4) was denied for what appeared to be noncompliance with institutional rules; however, the language of the denial was unclear and it is difficult to understand specifically what the denial attempted to communicate. A final inmate (Inmate 5) was denied after previously being removed twice from the Step-Down Program for refusing to have a cellmate. According to the inmate’s disciplinary record, however, the guilty finding was expunged for the first cellmate refusal, and the inmate was not provided an incident report or charged with misconduct for the second refusal. The second refusal also occurred less than

a month after transfer to the unit, when institutional policy requires that inmates are housed in cell alone for the first three months on the Step-Down Units.¹⁵

F. STAGES

Steps Toward Awareness, Growth, and Emotional Strength Program (STAGES) is a residential treatment program designed to reduce disruptive behavior of incarcerated men with mental illness borderline personality disorder and a history of self-harm, to enable them to move to general population.¹⁶ Per the *Cunningham* legal settlement, STAGES is identified as one of three special units to operate as alternatives to inmates with mental illness whom might otherwise be in Florence ADMAX, as a way to divert said inmates from solitary confinement. The two others are secure mental health units in USP Atlanta, GA, and USP Allenwood, PA.¹⁷ Terre Haute and Butner Complexes also house STAGES programs, but they are at lower security level prisons. STAGES-Florence participants can graduate and be released to the STAGES program at Terre Haute.

Participants in secure STAGES consist of those from restrictive housing in other facilities, Secure Management Unit (SMU) and Florence ADMAX who have been historically disruptive due to mental health diagnoses. Participants have a primary diagnosis of Borderline Personality Disorder, and this disorder results in multiple facility disruptions, including multiple incident reports, suicide attempts or ideations, or multiple placements in restrictive housing. Referrals are from anywhere in the Bureau. No release date is required to participate in STAGES.

At the time of the inspection, STAGES unit consisted of four companions and nine participants. Maximum capacity was 12 participants, with the anticipation to increase to 18 once staff were hired. A 12-month program, participants can stay longer. In the first 2.5 years of operation, the program had three graduates, two of who stayed beyond 12 months. Only one person has been expelled due to significant disruptive behavior; others have been removed due to separate issues.

Staff to participant ratio is supposed to be one psychologist to six participants. However, at the time of the inspection there were three psychologists on the unit, but two of them were leaving the following week. The unit expected a coordinator to arrive the following month. Security staff consisted of four officers and one lieutenant, all of whom participated in eight additional hours of quarterly training on mental health, triggers and responses, and suicide prevention. They also received ongoing training as needed.

The secure STAGES unit is a therapeutic community, with each participant having a job on the unit. There are four security levels; and those on Security Level 4 can walk the compound.

At the time of the inspection, there was one incarcerated DC man participating in the secure STAGES program. The waitlist was 30 men, with three on the waitlist from Florence ADMAX. The CIC representatives informally spoke with most of the participants on the unit during the tour, who overwhelmingly had positive comments about the STAGES Program. They thought that the psychologists were helpful to them and hoped that the staff vacancies would be of short duration so that they could continue their progress.

Recommendations:

¹⁵ Federal Bureau of Prisons, Department of Justice, Program Statement Institutional Supplement No. FLM 5321.07(1)B, General Population and Step Down Unit Operations.

¹⁶ "Directory of National Programs," Federal Bureau of Prisons, Nov. 21, 2016, at 21.

¹⁷ *Cunningham v. BOP*, Addendum To Joint Motion To Approve Settlement, Item I(5)(b), adopted in Order to Approve Settlement, Dec. 29, 2016.

- The CIC learned that inmates in general population units spend at least 22 hours each weekday in solitary cells. The facility should monitor that those in general population units, as well as other units, are receiving two hours or more of out-of-cell time each day.
- The CIC recommends that those from DC are evaluated for participation in the Step Down and STAGES program, to ensure that there is no disparate treatment in such transfers.

III. Health Services

The Health Services Department provides all on-site medical, dental, and mental health care. As a secure lockdown facility, Florence ADX provides most medical and mental health care directly in inmates' cells or in specially designed medical rooms on each cellblock.

A. Mental Health Care

The BOP formally adopted the use of the Mental Health Care Level (MHCL) system in 2009. Mental Health Care Levels refer to the “resources and services an inmate needs as opposed to the inmate’s diagnosed mental illness.”¹⁸ In 2014, the BOP released a new policy for the care and treatment of inmates with mental illness, which publicly defined the MHCLs.¹⁹ The new policy requires individualized treatment plans for all individuals designated to MHCL II, III, or IV, including frequent psychosocial interventions and regular reviews of treatment.²⁰ The individualized treatment plans are to be developed through a collaboration involving Psychology Services staff and inmates.²¹

Florence ADMAX is a MHCL II facility, meaning that the facility is equipped to house and care for inmates who require routine outpatient mental health care on an ongoing basis or require brief, crisis-oriented mental health care of significant intensity, such as placement on Suicide Watch.²² Florence ADMAX also has supplemental institutional policies regarding the care and treatment of inmates with mental illness.²³ During the on-site inspection, staff reported that the majority of inmates were designated as MHCL I, and there were 40 inmates at MHCL II, and five inmates at MHCL III. Two DC inmates were designated as MHCL III at the time of the inspection, and staff noted that one of them only recently received the designation. Prior to the inspection, the facility also informed the CIC that seven DC inmates were diagnosed with a mental health disorder. At the time of inspection, no inmates were designated as MHCL IV. Staff noted that inmates designated as MHCL IV would only be at Florence ADMAX for a few days while awaiting transfer, most often to the U.S. Medical Center for Federal Prisoners (MCFP) in Springfield, Missouri.

¹⁸ Office of the Inspector General, *supra*, note 11 at 5

¹⁹ Federal Bureau of Prisons, U.S. Department of Justice, Program Statement 5210.16: Treatment and Care of Inmates with Mental Illness, https://www.bop.gov/policy/progstat/5310_16.pdf.

²⁰ Office of the Inspector General, *supra*, note 11 at 9.

²¹ *Id.*

²² Services required for a patient classified as Mental Health Care Level II includes an individualized treatment plan updated at least every 12 months and evidence-based psychosocial interventions on at least a monthly basis. For more information on Mental Health Care Levels and treatment requirements. See CIC Info Sheet, “BOP – Mental Health Care Levels,” <https://cic.dc.gov/page/cic-info-sheets>.

²³ Office of the Inspector General, *supra*, note 11 at 8.

Mental Health Diagnoses

Based on the CIC document review of inmate medical records and interviews with DC inmates, DC inmates arrived at Florence ADMAX with histories of mental health symptoms or illness. About half of inmates who responded to the survey question (9 out of 19) indicated that they were diagnosed with a mental health disorder prior to arriving at Florence ADMAX. The corrections psychology expert accompanying the CIC (CIC expert) on the on-site inspection noted that each of the four DC inmates she interviewed appeared to display significant signs of mental health disorders. The expert based this conclusion on the inmates' difficulty answering questions and their tendency to frequently switch topics to discuss their distrust of staff, with language that seemed to border on paranoia.

During the document review portion of the inspection, the CIC corrections psychology expert reviewed three case files of DC inmates who, prior to their stays at Florence ADMAX, were diagnosed with serious Axis I disorders – such as Schizophrenia and Bipolar disorders. Prior to being in Florence ADMAX, the inmates also received inpatient psychiatric care.

One DC inmate's psychiatric report made clear that the individual suffered from a mental health disorder, dating back to his teenage years. The inmate reported that his assigned Florence ADMAX psychologist took him off psychotropic medications, following his attempted suicide by swallowing pills. Based on the inmate's record, the psychologist's understanding of the inmate's suicide attempt was that he was being manipulative. In the CIC expert's opinion, the decision of the psychologist to cease the inmate's psychotropic medication could only have led to a worsening in his psychiatric issues.

Another inmate who was interviewed and whose documents were reviewed by CIC staff and the CIC expert, evidenced clear signs of past sexual abuse. According to his records, the inmate engaged in fire setting in the past, and, based on his interview, was currently engaging in inappropriate sexual behaviors. However, the inmate's Florence ADMAX records did not reflect that his psychologist considered these behaviors in the clinical evaluation of the inmate's issues. The psychologist's interventions and progress notes indicated that her major concern with the inmate was that he needed to keep his hands in sight when she was in his presence.

In reference to a third inmate, one psychologist's note read, "Inmate's functioning since the last review has remained unchanged although disturbed." The note went on to describe the inmate's cell as being "below average in cleanliness," and that the psychologist's "visual observation" of the inmate revealed that he was distressed." Prior to his stay in Florence ADMAX the inmate carried diagnoses including Schizophrenia, Schizoaffective Disorder, and Bipolar Disorder; however, upon admission to Florence, he re-diagnosed with Antisocial Personality Disorder. A diagnosis of Anti-Social Personality Disorder does not necessitate that the BOP provide mental health counseling, because this diagnosis are not thought to be amenable to psychiatric intervention.

"Axis I disorders documented in inmate's records prior to arriving at Florence ADMAX, are being reassessed as Axis II disorders. There seems to be a pattern of re-diagnosing inmates to reflect that they suffer from Anti-Social Personality Disorder upon their arrival to Florence. There is a concomitant trend to understand inmates' behaviors as manipulative in nature and not indicative of underlying mental health disorders. Clinical understanding of emotion and behavior is strikingly absent: this is a severe and very substantial departure from accepted clinical judgment and standards."

The recent OIG report (July 12, 2017) noted that, "the BOP cannot accurately determine the number of its inmates who have mental illness, including inmates in restricted housing units, because

institution staffs do not always document inmates' mental disorders. This could prevent the BOP from ensuring that it is caring for all of these inmates appropriately."²⁴ Any facility that deals with individuals manifesting disruptive behavior and psychiatric problems must have a multidimensional, complex way of understanding behavior and its origins. The expert psychologist further stated, "The blindness to mental health issues evidenced by the Florence ADMAX mental health staff is alarming."

Recommendation:

- **That an independent qualified mental health professional provides evaluations of DC inmates' current levels of functioning. If, in the clinical judgment of this independent evaluator, the inmate requires a higher level of care, the BOP should make arrangements for their transfer to a more appropriate facility. This review should pay particular attention to diagnoses of Anti-Social Personality Disorder, and whether there is sufficient documented justification for such diagnoses.**

Evaluations and Treatment

Staff reported that each inmate is evaluated at least every six months, but usually every four months. Mental Health Care Level II patients are seen at least once per month, and MHCL III patients are seen at least weekly, with a primary focus on meeting the goals of inmates' individualized treatment plans. Staff from the inmates' unit teams as well as medical, psychology, recreation, and other departmental staff, hold meetings for chronic care patients, where they discuss behavioral health. One inmate explained to the CIC that, based on his observations, if an inmate does not talk to mental health staff, "they never talk to you to see if you require their services or not."

Due to the secure lockdown status of Florence ADMAX, Psychology Services primarily offers treatment through self-help packets and information provided by video to inmates who have TVs in their cells. On the channels for psychology programming, the department plays videos and transmits other information and programs, including relaxation music, yoga, meditation, jazz, and classes on topics such as substance abuse, drug treatment, criminal thinking, coping skills, trauma, and reentry. Inmates can also request books and materials through a self-help library.

Psychology Services offers limited individual therapy. When individual therapy is required, inmates can be brought out of their cells to the room on the unit used for legal visits. Staff reported that individual therapy is offered once per week on Fridays, and only up to five patients can be seen on one day. During the CIC interviews, one inmate made the following comment: "Mental health makes rounds, but does not pull you out of cell. They will not stop at my cell."

The facility offers two forms of group therapy—the Resolve Program and anger management. Group therapy is provided in groups of up to five inmates from general population units or three inmates from the Control Unit. Inmates participate in therapy sessions in the gymnasium, which staff stated was converted in 2015 to accommodate its present use. The participants are separated into individual cages, in front of which is a psychologist. Inmates from the Control Unit are separated by an empty cage. Two correctional officers remain in the room. During group sessions, inmates remain shackled with their hands in front of them. Inmates are provided pamphlets and other papers, and a video monitor on a rolling cart can be used to present information. Regarding the physical setting and structure of group therapy, one inmate reflected, "I feel that group sessions do not help because of the isolation in cells. This is not a good way to cope. [We] need help from

²⁴ Office of the Inspector General, *supra*, note 11 at 34.

staff to develop better ways of coping.” The inmate suggested that in group therapy inmates participate in group activities, rather than remaining isolated in cages.

In late 2015, Florence ADMAX implemented a pilot version of the Resolve Program, redesigned for male inmates.²⁵ According to BOP’s *Directory of National Programs, 11/21/2016*, “The Resolve Program is a cognitive-behavioral program designed to address the trauma related mental health needs of inmates,” and, “The full Resolve Program protocol takes approximately 40 weeks to complete.” The program coordinator is a psychologist who travels to Florence ADMAX from Denver. At the time of the inspection, the Resolve workshops had a total of 11 inmates enrolled, between the Control Unit group and the general population groups. At the time of the inspection, five inmates from general population were enrolled in the anger management group therapy.

CIC survey results indicated that over half of DC respondents were “dissatisfied” or “very dissatisfied” with the wait times for mental health services. Twelve out of 17 respondents felt that they needed mental health care, but half of respondents who indicated needing such services did not believe they had adequate access to them. Several individuals reported that they were taken off their mental health medication by medical staff at Florence ADMAX, even though most of them had been taking the same medication for at least several years.

One of the three inmates whose mental health records the CIC reviewed consistently asked for mental health counseling, but was told by a psychologist that he had to articulate his goals before counseling could or would occur. It was well documented in the inmate’s records that he stated he did not understand the requirement of articulating his goals. The records did not reflect that he received individual counseling by the time of the CIC inspection.

Recommendations:

- **All inmates at Florence ADMAX receive increased access to psychology services, including increased rounds and documented contact to better ensure access. Florence ADMAX should ensure adequate mental health staffing and deployment schedules so as to be able to respond to inmate requests within a reasonable period of time.**
- **Increase capacity for group programming by either converting the former UNICOR space to group therapy space (as suggested by a facility staff person) or another such space. Examine alternates to cages as security measures for group programming (such as securing to a fixed object, like a restraint desk).**

Self-Harm and Suicide

Upon arrival to Florence ADMAX, inmates receive the Admission and Orientation Inmate Handbook, which includes information about suicide detection and prevention.

Staff reported that few actual acts of self-harm occur, but many inmates make threats about harming themselves. A psychologist evaluates inmates who commit acts of self-harm. Typically an incident report is written unless the psychologist indicates that the inmate had a mental health issues prior to the self-harming act. Staff stated that inmates who commit or threaten to commit self-harm are “just getting attention many times” and that inmates who are disciplined are less likely to commit

²⁵ In 2007, the BOP implemented the Resolve Program as the model for treatment of trauma in female facilities. Federal Bureau of Prisons, U.S. Department of Justice, Program Statement No. 5330.11, Psychology Treatment Programs (Mar. 16, 2009), https://www.bop.gov/policy/progstat/5330_011.pdf.

self-harm again. At Florence ADMAX between March 2016 and February 2017, the rate of documented instances of inmates' "Threatening Bodily Harm" was 8.7/100 inmates, as compared to the overall BOP rate of 0.9/100 inmates between June 2016 and May 2017.²⁶

One DC inmate who the CIC interviewed reported that he suffered from depression and bipolar disorders, and took medication to treat the disorders. In January 2017, the inmate was taken off of the medications, following which he attempted to commit suicide. At the time of the CIC inspection (April 2017), the inmate reported that he had yet to receive medication for his mental health issues.

At the time of the inspection, one inmate was on Suicide Watch for medical concerns. Staff reported that the facility had two to three suicide attempts in the past year, and the last suicide was on December 25, 2015. According to BOP policy, inmates on Suicide Watch are to be kept under constant observation. There is an observation room located on each unit at Florence ADMAX. Staff must document their observations every 15 minutes. Follow-up care after Suicide Watch is based on the recommendations of the attending psychologist. In addition, the facility established a committee to review suicide reports and issues of self-harm.

While Psychology Services has access to electronic logbooks, staff reported that if there is an unusual event, the unit team emails or calls Psychology Services. If there is concern that an inmate is in immediate danger, correctional officers on the unit immediately "safeguard" the inmate by removing the inmate from his cell and away from any potentially dangerous objects. The officers watch the inmate until a psychologist can evaluate the individual.

Staff reported that for an urgent mental health issue, an inmate can press a "duress button" located in his cell and a lieutenant will contact the inmate. The lieutenant will then call Psychology Services, as appropriate.

Recommendation

- **Research demonstrates that "wanting attention" or other apparently "manipulative" behavior is not mutually exclusive from suicidal intent.²⁷ "Self-harm is often a complex, multifaceted behavior, rather than simply manipulative behavior motivated by secondary gain. At a minimum, any inmate who would go to the extreme of threatening suicide or engaging in self-harming behavior is suffering from at least an emotional imbalance that requires special attention. They may also be mentally ill."²⁸ The CIC, therefore, based on expert insight, recommends that Florence ADMAX refrain from punishing inmates following acts of self-harm.**

According to CIC's contracted correctional psychology expert,

Unless and until mental health staff refrain from the presumption of symptoms of mental health as solely attention seeking behavior, this will continue to impede trust and communication between inmates and staff,

²⁶ This information was obtained as part of the CIC document request to the BOP, and is on file with the CIC. It is unclear what specific acts are categorized under "Threatening Bodily Harm."

²⁷ See LINDSAY M. HAYES, REPORT ON SUICIDE PREVENTION PRACTICES WITHIN THE DISTRICT OF COLUMBIA, DEPARTMENT OF CORRECTIONS' CENTRAL DETENTION FACILITY, NIC T.A. No. 13J1092 (Sept. 13, 2013), available http://doc.dc.gov/sites/default/files/dc/sites/doc/release_content/attachments/DC%20JAIL-LH_0.pdf.

²⁸ Id. See also Greg E. Dear et al., Self-Harm in Prison: Manipulators Can Also Be Suicide Attempters, 27 CRIM. JUST. & BEHAV. 160 (2000) (finding "substantial co-existence of manipulative motive with both suicidal intent and potentially high lethality of self-harming behavior"); Joel Haycock, Listening to 'Attention Seekers': The Clinical Management of People Threatening Suicide, 4 JAIL SUICIDE UPDATE 8 (1992) ("There are no reliable bases upon which we can differentiate 'manipulative' suicide attempts posing no threat to the inmate's life from those 'true, non-manipulative' attempts which may end in death. The term 'manipulative' is simply useless in understanding, and destructive in attempting to manage, the suicidal behavior of inmates (or of anybody else).").

as well as outcomes and inmates' desire to seek treatment at the facility. It is imperative that Psychology Services and mental health staff adopt a nuanced clinical formulation regarding the reasons for an inmate's behavior and structure appropriate interventions to address the behavior.

Traumatic Brain Injury (TBI)

Two of the inmates whose records the CIC and CIC expert reviewed at length had significant head injuries. A TBI is caused by a bump, blow, or jolt to the head that disrupts the normal functioning of the brain. According to jail and prison studies assessed by the Center for Disease Control (CDC), as many as 87% of inmates report having sustained at least one head injury.²⁹ The CDC now refers to TBI as a significant public health issue.³⁰ Inmates suffering from TBI may present with erratic, aggressive behavior.³¹ They may have difficulty concentrating and report feelings of depression and/or anxiety.³² They may make suicide threats or engage in self-harming behaviors.³³

Recommendation:

- **The CIC recommends that Florence ADMAX screen inmates for TBI upon their admission to the facility. One example of a screening instrument is the HELPS Brain Injury Screening Tool.³⁴ The HELPS is a brief TBI screening tool designed for use by professionals who are not TBI experts.³⁵ Inmates with positive HELPS screens should be considered for transfer to a higher level of care where they can receive treatment.³⁶**

Staffing and Training

The Psychology Services Department at Florence ADMAX included a Chief Psychologist, five additional psychologists, and one technician, who were all assigned specifically to Florence ADMAX. During the inspection, staff stated that the facility had recently increased its number of psychologists in response to a lawsuit, and was awaiting an additional transfer, who was being transferred from the FCI. After regular business hours, a psychologist is on-call at all times based on weekly rotations. Inmates are assigned a psychologist based on their housing unit, with each psychologist assigned to two units.

The Florence ADMAX Psychology Services Department contracts with two psychiatrists from other BOP facilities who provide telepsychiatry at Florence ADMAX two to three times per month on Fridays and see between two to five patients each time. Telepsychiatry is held in a room behind the gym. Both of the contract psychiatrists also visit the facility quarterly for a week-long period.

²⁹ Traumatic Brain Injury in Prisons and Jails: An Unrecognized Problem, Center for Disease Control, https://www.cdc.gov/traumaticbraininjury/pdf/prisoner_tbi_prof-a.pdf.

³⁰ *Id.*

³¹ *Id.*

³² *Id.*

³³ See *id.*

³⁴ HELPS Brain Injury Screening Tool, National Associations of State Head Injury Administrators, <http://www.nashia.org/pdf/hotopics/pa-helps-screening-tool.pdf>.

³⁵ "HELPS" is an acronym for the most important parts of TBI screening: H = Hit in the head; E = Emergency room treatment; L = Loss of consciousness; P = Problems with concentration and memory; S = Sickness or other physical problems following injury. See *id.* This instrument is in use in a New Jersey, New York, New Mexico and other states.

³⁶ Neurofeedback training is brainwave biofeedback. The process consists of placing an electrode or two on the scalp and reference and ground electrodes on the earlobes. EEG biofeedback equipment allows the provider to influence brainwave activity. Change occurs through a process of operant conditioning, gradually reconditioning and retraining how the brain is functioning. There are several symptoms commonly expressed by TBI patients that neuro-feedback has been used to improve. These symptoms include problems with attention, impulse and emotional control, seizures, memory, anxiety, insomnia, depression, and physical balance.

During the inspection, staff reported that the facility was in the final stages of acquiring a contract psychiatrist, after having gone through three psychiatrists in the past two years, but had to wait until the end of the federal hiring freeze.³⁷ The previous psychiatric service contract ended in November 2016, but the psychiatrist could not stay through the end date due to health reasons. Facility staff noted that there is high turnover and difficulty in gaining qualified medical and mental health staff, especially due to the remote location of Florence ADMAX.

Generally, BOP staff receives eight hours of training on mental health and suicide prevention, out of 40 hours of annual training, which is the largest training block. In addition, Florence ADMAX staff receives four hours of training by psychology staff, as a requirement of a recent settlement. The training covers identifying possible signs of mental health issues. Psychology staff also receives quarterly training. As part of their training, correctional officers conduct mock exercises for suicide attempts. Although the exercises are not performed on a set schedule, according to staff they are conducted at least once per quarter.

The Bureau has endured a hiring freeze that has made it difficult to hire and retain psychology and mental health staff. The CIC is encouraged that the FCC and the Bureau have treated the shortage in psychology staff as a priority, and it anticipates an updated report of increased staffing in this area.

B. Medical Care

Florence ADX is a MCL II facility. A patient designated as MCL II is a stable outpatient requiring quarterly clinical evaluation.³⁸ During the inspection, Florence ADX staff stated that no inmates at the facility were designated above MCL II.

Some inmates receive a “chronic care” designation, which refers to, “a disease or condition which requires monitoring or treatment for greater than 12 months.”³⁹ The frequency with which medical staff meet with particular inmates can vary from 30 days to once every year, depending on the inmate’s medical needs.

As of April 18, 2017, Florence ADX reported that 27 DC inmates were designated as chronic care patients. In response to the survey, 14 out of 20 DC inmates who responded said they were on the chronic care caseload. One DC inmate made the following reflection: “Medical needs to become better at answering medical emergencies and requests when it’s concerning chronic care patients.” Another inmate on the chronic care caseload, who suffered from asthma, shared his experience with emergency services after he had a stroke in the recreation yard. He reported that it took 25 minutes for the facility to respond with medical care, and another two hours before a hospital was notified to send an ambulance. He reported that he then spent 17 days in the hospital following the stroke.

The facility also reported that three DC inmates had physical disabilities and two had cognitive disabilities. When asked to comment about medical health care, one of these DC inmates reported that medical staff members “do not provide adequate medical care,” and expanded by explaining that he does not shower because he has fallen, fears that he will fall again, and the facility does not

³⁷ Office of the Press Secretary, White House, Presidential Memorandum Regarding the Hiring Freeze (Jan. 23, 2017), <https://www.whitehouse.gov/the-press-office/2017/01/23/presidential-memorandum-regarding-hiring-freeze>.

³⁸ Example conditions include medication-controlled diabetes, epilepsy, and emphysema. For additional information on Medical Care Levels, see Federal Bureau of Prisons, U.S. Department of Justice, Legal Resource Guide to the Federal Bureau of Prisons (2014), http://www.bop.gov/resources/pdfs/legal_guide.pdf.

³⁹ Federal Bureau of Prisons, U.S. Department of Justice, Medical Classification Algorithm for Medical/Psychiatric Conditions or Disabilities (Sept. 14, 2010), <https://www.bop.gov/foia/docs/medicalclassificationguidelines.pdf>.

have a handicapped shower.⁴⁰ Another inmate shared, “There are no handicap facilities at ADX. The showers in the cells do not match ADA standards.” Although deaf and hard of hearing inmates are occasionally assigned temporarily to the FCC – during which time they are typically held at the USP Florence High or the medium Federal Correctional Institution (FCI) – most often these inmates are transferred to a more appropriate facility, such as Federal Correctional Complex (FCC) Tucson.⁴¹

The Health Services Department at Florence ADX shares staff with the surrounding prisons in the FCC. The Health Services Administrator (HSA) for the FCC is a registered nurse, and the facility had a vacancy for the Assistant HSA position at the time of the CIC inspection. While waiting for the Assistant HSA positions to be filled, other medical staff acted as the Assistant, based on a five-week rotation. Medical staff also includes four doctors who are assigned to the FCC, as well as a nurse practitioner (NP), a physician assistant (PA), and a clinical social worker who are all dedicated to Florence ADX. The FCC also contracts with an optometrist, an orthopedic surgeon, and other specialists. Every weekday, the NP and PA are on-site at the ADX from 6:00 AM to 2:00 PM, and one of the doctors is on-site from 7:30 AM to 4:00 PM. Afterhours, medical staff remain on call for the FCC. On the day of the inspection, the HSA for the FCC was on vacation, and the acting HSA was the on-site social worker.

During the CIC interviews with DC inmates, two inmates reflected on specific services that are lacking in Florence ADX, saying that the opportunities for physical therapy are limited. One inmate reported that he only received physical and speech therapies one time after he had a stroke and needed those treatments. The other inmate indicated that he suffered from back pain, and reported that he did not have access to any physical therapy or therapeutic exercises. One individual reported that he was in constant abdominal pain for over a year; he reported receiving inadequate pain medication and stated that he was unable to receive a surgical procedure that had been recommended by doctor but denied by a mid-level practitioner.

Due to the secure lockdown status of Florence ADX, most medical care is provided in cells or in a medical station located on each unit. The medical stations are located in specially designed rooms near the entrance of each unit. Medical staff tries to meet patients on the housing units to avoid the additional time needed to transport inmates to the medical unit. If a patient’s medical needs cannot be handled in the unit medical station, then the patient is transferred to the medical unit or an outside facility. The facility also has 2 examination rooms, a laboratory, a negative pressure room, a radiology room, and ophthalmology room, an X-ray room, and 2 trauma rooms. Medical records are kept electronically on the Bureau Electronic Medical Records System (BEMR). Additional isolation rooms for contagious diseases are also available at the USP High and FCI if needed.

Inmates are kept restrained in shackles at all times during medical visits. Medical staff can request to have a patient’s hands moved to the front of the body or adjusted to allow for an X-ray.

Inmates can request to be seen by medical staff by using the ordinary sick call slip available on each unit, or by writing their request on their own paper. According to the doctor on staff during the inspection, the wait time for routine sick calls is less than one week. However, DC inmates gave reports of longer waiting times. One inmate commented, “You can request a sick-call and may not see someone until almost two weeks later unless you act out to get them to come or file a BP-9.” Another DC inmate reported that it takes one month for staff to answer a sick call request. Another

⁴⁰ After the CIC reported this fear to facility leadership during the inspection, this incarcerated DC man was moved to a federal medical center for several months. He has since been transferred back to Florence ADX.

⁴¹ FCC Tucson has invested in technology, such as video remote interpreting (VRI), to more effectively communicate with deaf or hard-of-hearing men in BOP custody. See, CIC’s *USP Tucson Inspection Report, April 4, 2017*. <https://cic.dc.gov/node/1232011>

inmate reported that it “takes a long time to get medical needs addressed.” Two inmates made positive comments about Florence ADX medical services in general, one saying that medical and dental staff members are responsive, and the other saying that the care is “very good.”

For medical concerns that can be handled on the unit, staff may be able to see eight to 12 patients in one day. If patients need to be brought out of their housing units to the medical unit, then only three patients can be seen in one day. For eye care, the wait time is between seven to 90 days.

At Florence ADX, medication is delivered three times a day directly to inmates’ cells. The facility uses the Pyxis MedStation 4000⁴² for dispersing medication, and all medication is processed by medical staff. According to the on-site doctor, medication pills that have a high potential risk of abuse are crushed before being distributed, pursuant to BOP policy. Individuals are permitted to self-carry certain low-risk medications, usually a 30-day supply, for conditions such as high blood pressure. Ten out of 18 DC inmates who responded to the question reported that they had a medication prescription and received their medications in a timely manner; three answered that they did not; and five answered that they did not have a prescription.

In cases where involuntary medication may need to be administered, a psychologist and a psychiatrist must first evaluate a patient, and then the evaluation is referred to the facility administration for approval, which can take about one day. Facility staff reported that the administration of involuntary medication does not occur very often.

During the inspection, staff reported that the FCC had 200 individuals diagnosed with hepatitis C and 22 individuals diagnosed as HIV positive. For hepatitis C, treatment depends on an individual’s genotype and physical symptoms, including liver enzymes and platelet counts. The facility has used Harvoni,⁴³ but has not used Sovaldi for treatment of hepatitis.⁴⁴ According to staff, only one inmate has not finished the treatment. Two DC inmates reported to the CIC that they were diagnosed with hepatitis C, but had not received treatment at Florence ADX. Both inmates explained that Florence ADX medical staff told them that they did not meet the BOP treatment criteria.

C. Dental Care

Dental staff for the FCC rotate between facilities, and includes three dentists, two dental hygienists, and two dental assistants. The dentists are on-site at Florence ADX three days per week—Monday, Wednesday, and Friday—and a hygienist and assistant are on-site one to two days per week. Specialists are brought to the facility for major issues that involve difficult procedures, such as impacted wisdom teeth.

All on-site dental care is provided in the Dental Clinic, which limits the number of patients seen each day, due to the time it takes to bring an individual out of his housing unit and to the Medical Unit. On the day of the inspection, dental staff reported that four patients had been seen that day, all for emergency procedures. On an average day, staff is able to see five to eight patients for cleanings and routine procedures, three to four patients for emergency procedures, or one to two patients for dentures. The wait time for emergencies can be up to one week, but patients are typically met within

⁴² “The BD Pyxis MedStation automated medication dispensing system supports decentralized medication management with various features for safety and efficiency.” BD Pyxis Med Station System, BD, <https://www.bd.com/en-us/offering/capabilities/medication-and-supply-management/medication-and-supply-management-technologies/pyxis-medication-technologies/pyxis-medstation-system>.

⁴³ “HARVONI is a prescription medicine used to treat adults with chronic (lasting a long time) hepatitis C (Hep C) genotype (GT) 1, 4, 5 or 6 infection with or without cirrhosis (compensated).” HARVONI, <http://www.harvoni.com>.

⁴⁴ “SOVALDI is a prescription medicine used with other antiviral medicines to treat adults with chronic (lasting a long time) hepatitis C (Hep C) with or without cirrhosis (compensated).” SOVALDI, <http://www.sovaldi.com>.

one day. Alternatively, the wait time for routine fillings is around two years.⁴⁵ For dentures, the waiting list is set according to a BOP-wide list, and requires approval from the Regional Office.

The CIC received negative feedback from one DC inmate who reported that the dental care is “very bad here and [dental staff] may not respond to a request for 6 months to a year.” Another inmate reflected on his dissatisfaction with wait times, saying that he first requested dental care in 2015 and had yet to be seen by dental staff at the time of the CIC inspection in April 2017.

Recommendations:

- **Facility and Bureau should evaluate time between requests and receipt of medical and dental care and endeavor to make any necessary improvements.**
- **Facility medical staff should evaluate inmates, taking into account disability and mobility needs in reference to design limitations of the cells; then take measures to accommodate these needs, including transfer to more appropriate facilities that can accommodate those needs.**

IV. Safety & Security

A. Institutional Safety

According to staff reports, all spaces in Florence ADX where inmates may be left alone have duress buttons with intercoms to communicate with staff. The cells do not have video surveillance. Staff members at Florence ADX are required to wear slash-resistant vests when around inmate populations. Additionally, the facility is the only BOP institution that permits staff to carry lethal weapons. Staff reported to the CIC that, to date, lethal weapon discharge had never occurred.

The BOP reported that between March 2016 and February 2017, there were 73 instances of chemicals use on inmates, 47 instances of use of force by staff toward inmates, and 96 instances of restraints being placed on inmates.⁴⁶ In regard to assaults on staff, the BOP reported that between March 2016 and February 2017, there were 42 instances of assault on staff with no weapon, 40 attempted assaults on staff with no weapon, and one assault on a staff member with a weapon.⁴⁷ In regard to inmate assaults on other inmates, the BOP reported that between March 2016 and February 2017, there were three assaults on an inmate with a weapon and four assaults on an inmate without a weapon.⁴⁸ Between March 2016 and February 2017, there were five inmate deaths at the FCC: two of whom were inmates at Florence ADX (cancer, pneumonia), two at the USP (hangings), and one at the camp (heart disease).⁴⁹

Harassment, Threats, or Abuse

Seven of the 14 DC inmates who responded to the survey question reported that they were harassed, threatened or abused by staff, at least one time. One DC inmate indicated that staff members do not hold other staff members accountable for how they treat inmates; rather, they “just support each other and brag about having each other’s backs.” Another commented that staff at Florence ADX tries to “break prisoners.”

⁴⁵ When an inmate transfers to a different BOP facility, the inmate should remain on the wait lists.

⁴⁶ See Significant Incidents Chart in Appendix B.

⁴⁷ *Id.*

⁴⁸ *Id.*

⁴⁹. Information from BOP, per CIC request, FCC Deaths, March 2016 to March 2017.

Most reported instances of staff harassment, threats, or abuse involved insulting remarks, religious discrimination, racial or ethnic motivated treatment, and DC residency status. Many DC inmates who responded to the survey indicated that they have reported staff harassments, threats, or abuse, but only one inmate said that he was satisfied with the result of his report. When reflecting on overall treatment of DC inmates by staff and other inmates, respondents pointed out that DC inmates are seen as trouble and are “labeled a problem by staff soon as you arrive.” One inmate reported that he requested to participate in the Step-Down program.⁵⁰ He explained that when he asked staff why they refused to move him into the Step-Down or another program, in return as staff asked, “Where are you from?” When the inmate answered “DC,” staff replied, “That’s why.” One inmate reported that he felt “D.C. inmates are deemed and stigmatized as rebellious,” and went on to say, “a lot of staff don’t like us.” Another explained that he feels stigmatized by staff because he is from DC.

Only two people from DC reported that they had been harassed, threatened, or abused by another inmate, in incidents involved insulting remarks.

Additionally, a few inmates commented that staff make comments about certain inmates to other inmates, with one person stating that staff members “like to play inmates against inmates.” Another person reported that staff members frequently tell other inmates that he is a “snitch.”

Sexual Harassment and Abuse

Inmates can submit reports of sexual harassment or abuse, in-person to a staff member, whether verbally or in writing. Inmates have the option to report sexual harassment or abuse to a community contact outside of the facility through a Memorandum of Understanding (MOU) between the FCC and Family Crisis Services, located in Canon City, Colorado.⁵¹ An inmate is afforded a phone call to report a PREA violation, which does not count towards the inmate’s monthly phone call limit. The inmate must arrange the phone call through staff, so that at the appropriate time staff can take the inmate from his cell to the area of the unit where inmates have access to telephone. Inmates may also report sexual harassment or abuse directly to the U.S. Department of Justice Office of the Inspector General (OIG). FCC Florence was audited for Prison Rape Elimination Act (PREA) compliance in December 2016 and met or exceeded all standards.⁵²

B. Use of Force and Restraints

Program Statement 5566.06 governs the use of force and application of restraints in BOP facilities. According to these regulations, use of force restraints are not to be used for punishment and restraints are only to be used “until self-control is regained.” The program statement describes ambulatory restraints as “soft and hard restraint equipment that allows the inmate to eat, drink, and take care of basic human needs without staff intervention.” These commonly include handcuffs, ankle cuffs, and chain or belt around the waist. Four-point restraints are soft or hard restraints used at wrists and ankles to tie a person to a bed. A fifth tie may be used at the waist. At Florence ADMAX, the individual, double-door cells each contained a flat-bed platform with handles embedded where the restraints would attach when using four-point restraints. The CIC also

⁵¹ Family Crisis Services is a domestic violence and sexual assault advocacy and support services organization. Family Crisis Services, Inc., <http://www.familycrisisonline.org/>.

⁵² U.S. Department of Justice, PREA Audit Report, Federal Correctional Complex Florence (Dec. 21, 2016), https://www.bop.gov/locations/institutions/flp/FLP_prea2.pdf.

observed a room within the Control Unit that had a only concrete slab with handles for four-point restraints.⁵³

Staff reported that, when put in four-point restraints, inmates have their clothing removed, are provided modified underwear, and are covered with a sheet. Inmates are checked visually by unit officers outside of the cell every 15 minutes. Inmates are checked every two hours by a lieutenant who goes into the cell and checks each restraint. The lieutenant reviews use of restraints no longer than every two hours has the final word on whether an inmate can be released from restraints. Medical staff performs a check every four hours, and mental health staff performs a check every 24 hours or sooner if the inmate experiences suicidal thoughts or mental distress. According to one staff member, “inmates do pee and defecate on themselves,” but they do so for “attention.” According to one inmate’s institutional records, psychology staff expressed concern about removing him from restraints because “it may well provoke a self-mutilation response as further manipulation...he will be removed from cell and the cell power washed due to his having smeared feces.”

Out of 18 inmates who responded to the question asking how many times, if any, they had been placed in restraints at Florence ADMAX, 11 responded that they had not been placed in restraints; five responded between one and three times; one inmate reported at least 8 times; and one inmate reported 15 times. When asked for the longest consecutive amount of time they were restrained, DC inmates’ answers were the following: two to three hours; four hours; nine hours; 15 hours; often five to seven days in four point restraints; six days with no clothing spent shackled to a concrete slab; and seven days. Staff reported that, at times, inmates would be temporarily unfettered, so that they can shower and clean their cells. Staff then would place the inmates back in restraints.

DC inmates were also asked about their experiences while placed in restraints at Florence ADMAX. Some inmates reflected on the reasons for which they were placed in restraints, including fighting on the recreation yard, receiving an incident report (for which he professed his innocence) and refusing to go to the SHU, participating in a group demonstration, and “exercising a right to be respected by staff.” One inmate recalled two occasions when he was placed in restraints, both instances the without clothing. On one occasion he was restrained using leather straps and on the other occasion with metal restraints. Furthermore, one of the occasions lasted for one weekend, and he was held in a cell that had human feces smeared on different surfaces. During one of the restraint periods, the inmate refused to eat. Another inmate reported that he was only allowed out of restraints in order to go to medical. An inmate remembered that the he was held in a dirty cell.

When asked specifically about injuries incurred while placed in restraints, one inmate reported that he was left with bruises. Another inmate said that the imprints of the restraints were left on his skin because the arm and leg restraints were too tight. Yet another inmate reported that he was left with scars. One inmate reported that he had pain in his right arm. Another reported that his hands and feet swelled from the pressure of the restraints.

DC inmates were also asked by the CIC whether or not they had been allowed to use the toilet during their placements in four-point restraints. Two inmates reported that they were not allowed to use the toilet during the period in which they were restrained. Three inmates shared experiences where they were allowed to use a bedpan. One inmate explained that officers would remove the handcuff from one of his wrists so that he could lean over and use the bedpan. He reported that his

⁵³ The CIC observed an inmate identification card of a DC inmate above the door jam of the room with the concrete slab for four-point restraint. The CIC later learned from the DC inmate that he had been in four-point restraints for at least a day prior to the CIC inspection, and was just moved back to his cell while the CIC was in another part of the facility. .

boxers were cut off to function like a skirt and the bottom half of his t-shirt was cut off as well. Another inmate described that when he was allowed to use a bedpan, a lieutenant ordered an officer to pull off the inmate's boxers. Staff reported that inmates urinate and defecate on themselves during restraint episodes.

For use of force, one inmate described cell extractions that he has witnessed. According to the individual, staff turn off the ventilation for every cell in a unit range, then release tear gas into the cell, and finally shoot rubber bullets at the individual in the cell. The inmate reported that the gas burns the skin and causes the paint to peel in the cells.

Recommendations:

- **The American Correctional Association (ACA) standards state that “restraints should not be applied for more time than is absolutely necessary.”⁵⁴ The standard speaks to an immediate crisis and does not contemplate the use of restraints for days or weeks at a time.⁵⁵ Furthermore, the standard expressly excludes the use of restraints to prevent unwanted behavior in the future.⁵⁶ The CIC recommends that the staff at the facility use restraints as a last resort, in a limited capacity, if at all, and not as a punitive measure. Removing restraints for bathroom use, showering, or cleaning is a clear indication of self-control, which should be considered to keep inmates out of restraints, instead of returning them to restraints.**
- **According to corrections psychology expert, “Self-mutilation and feces smearing are potential signs of significant mental health decompensation. The aforementioned tendency of Florence ADMAX mental health staff to interpret inmates’ behaviors as manipulative, indicates that they fail to consider whether these behaviors are indicative of the inmate’s need for a higher level of care to address his mental health needs.” The CIC recommends that mental health staff consider alternatives to security’s use of restraints in instances where signs of potential mental health decompensation are present immediately, rather than the once every 24-hour review.**

C. Disciplinary Process

Disciplinary violations in the BOP are initially “written up” as an incident report by a staff member. Violations considered low or moderate severity are referred to an individual’s Unit Disciplinary Committee (UDC), composed of staff members from the particular housing unit. More severe violations are referred to the Disciplinary Hearing Officer (DHO), who ordinarily rotates between several facilities. UDC decisions may also be appealed to the DHO. The UDC and DHO decisions can be appealed through the administrative remedies (“grievance”) process.

See Appendix D for a chart listing the most frequent Guilty Findings for Prohibited Acts at Florence ADX (from March 2016 to February 2017), which includes a comparison to the overall rate for those infractions in the BOP (from June 2016 to May 2017). In comparison with the overall BOP population, individuals at Florence ADX are much more likely to be found guilty of “communicating gang affiliation,” refusing drug and alcohol tests, and destroying property.

The majority of survey respondents reported that UDC and DHO decisions were not fair. Respondents noted that the DHO was formerly a correctional officer, which at least one individual

⁵⁴ American Correctional Association, Standards 4-4190 and 4-4191.

⁵⁵ See id.

⁵⁶ See id.

believed affected her decisions. The most common report by the survey respondents was that the disciplinary process at Florence ADX relies largely upon the reports of officers, without additional verification or evidence. When officer's reports are the only evidence considered, disciplinary hearing largely function so that individuals are "guilty as charged." One DC inmate stated that the UDC and DHO "believe whatever you are written up for" and base their decisions only "off of the officers' words." This feeling was reflected by other inmates as well. One individual reported that "if an officer lies about you, you have no way of proving you are telling the truth," and another stated that "if a C.O. knows you have a history for something, then they know 9 of 10 times, a fabricated report will stick." One individual reported that the disciplinary process is used to "cover up staff misdeeds."

One inmate's institutional records reviewed by the CIC showed that the inmate waited over seven months to have one case heard by the DHO, and waited over five months for seven other cases. The inmate did not see the DHO for over a six-month period at one point, which included time when he was in four-point restraints.

Recommendation:

- **The complex should evaluate wait times for disciplinary hearings, taking into account outliers as well as averages, and it should complete monthly reviews of such times to quickly remedy instances where people are waiting weeks for hearings. If more staff persons are needed to combat monthly wait times, then additional hiring or training existing staff to conduct hearings should be considered.**

V. Administrative Remedy Program

The Administrative Remedy Program is the grievance process in BOP facilities that allows inmates to seek formal review of issues related to their confinement.⁵⁷ The process provides for three levels of review with corresponding filing forms: Facility (BP-9), Regional Office (BP-10), and Central Office (BP-11). At each level, an inmate submits a request or an appeal, which is reviewed by BOP officials, and either rejected or filed. All requests or appeals that are filed must be answered within specific time frames. Remedy of the issue may be granted at any level of review. At Florence ADX, the unit team hands out grievance forms to inmates, which can be completed in the inmates' cells, and then collected by staff for filing. Almost all survey respondents reported having access to grievance forms.

Out of the 12 responses to the question about whether they had used the grievance process while at Florence ADX, nine inmates answered yes and three inmates answered no. When asked why they might choose not to use the grievance process, the answers included there were no reasons to use and that it (grievance process) does not work.

A majority of survey respondents and mail correspondents with the CIC also reported that the grievance process was unfair at all three levels of review. Correspondents and survey respondents provided numerous comments on why they felt the grievance process was unfair. Most individuals felt that staff ignores their concerns and do not provide solutions to the problems they raise. Two respondents specifically stated that issues are never resolved.⁵⁸ Between March 2016 and February 2017, a total of 3,522 requests for administrative remedies were filed by inmates at ADX Florence,

⁵⁷ Federal Bureau of Prisons, U.S. Department of Justice, Program Statement No. 1330.18, Administrative Remedy Program (Jan. 6, 2014), http://www.bop.gov/policy/progstat/1330_018.pdf.

⁵⁸ See Appendix A for a list of the most numerous administrative remedy filings submitted at ADX Florence

and 10 of these were recorded as “granted” (0.2%). The consensus from incarcerated DC men surveyed was that the administration was never going to side against a staff member. One person said that staff holds administrative remedies intentionally to let the time expire and manipulate the whole process. In the Step-Down Unit, one inmate stated that the staff members covered their nametags and refused to give their names because they did not want to allow him to file a grievance about their actions.

Several individuals included general comments about the grievance process, including one inmate who described it as “frivolous.” Another person said that he could not get access to the paperwork for his grievances until he filed a case in court and stated that that “delayed justice is no justice at all.” One person reported that he had been waiting two months for a response from the Warden about not getting his medication.

In the year prior to the inspection, the most common categories of administrative remedy submissions at Florence ADX were staff, forced medical treatment, and institutional operations. A chart of all submissions from March 2016 to February 2017 is available in Appendix B.

Recommendation:

- **The CIC recommends that the facility and agency review the administrative remedies process and take corrective action to address any circumstances that may circumvent opportunities for review of grievances on the merits.**

VI. Education & Programming

Florence ADX offers extremely limited programming opportunities for inmates. While a small number of inmates can participate in out-of-cell group sessions, other options for educational or vocational programming are available only through self-study on paper or in-cell televisions showing recorded videos and informational slides. Group programs are held in the gymnasium, where inmates remain shackled and in barred cages, and restricted to three to five individuals per session. Group sessions are held for the Resolve Program, social work programs, and an art program. During the inspection, staff stated that they want to expand available out-of-cell programming, including converting the former UNICOR factory space into an additional programming area.

The majority of individuals surveyed commented that the available programming is not useful, including a comment that programming is “a waste of time.” Several noted that programming only through the TV is not adequate and feels like just “going through the motions.” One individual stated that that programming “keeps you busy” and “helps to keep you from going crazy.”

During the inspection, staff reported that Florence ADX has the highest programming participation rates of any BOP facility, with over 86% of inmates participating in programming. Although survey respondents indicated they were involved in programming, most did not report it as “academic” or “vocational” programming.⁵⁹

Staff stated that they try to be cognizant of the limited programming offered at the facility – which is due to the restrictive nature of Florence ADX – and compensate by offering programs over the CCTV at any time, in order to reach as many inmates as possible. Staff also noted that inmates must engage in programming in order to move down in security levels and transfer out of Florence ADX.

⁵⁹ Four out of 14 DC inmates who responded to the survey question reported that they were in academic programming, and two out of 14 respondents reported that they were in vocational programming.

The facility tracks program engagement according to the number of programs an inmate participates in, which provides an incentive for inmates to participate in the programs offered.

A. Education

Florence ADX offers GED, pre-GED, English as a Second Language (ESL), and Adult Continuing Education (ACE) classes. Almost all education consists of self-directed study in one's cell, either by watching recorded videos shown on in-cell televisions or through paper-based work. Staff reported that educational programming information on the CCTV is available 24 hours each day. GED testing is conducted through computers that are used only for testing purposes.

Education staff includes only one teacher, who is a special learning needs instructor. Inmates are tested upon arrival to the facility for educational placement and needs and can receive special learning needs tutoring for GED and ESL classes.⁶⁰ Students who receive educational tutoring from the special learning needs teacher are taken out of their cells and have two correctional officers escort them to a room on their housing unit for one hour of instructional time. Individuals from the Special Security Unit are not eligible to participate in out-of-cell tutoring. At the time of the inspection, staff reported that no DC inmates had special learning needs, and no inmates at all were receiving out-of-cell tutoring.

In response to the CIC survey, several individuals commented that, unlike other programming opportunities, the GED program was beneficial. According to staff at the time of the inspection, 52 students were enrolled in the GED program, including eight individuals from DC. According to staff, six DC inmates had permanent exemptions from the GED due to refusal to participate or dropping out after completing their required hours.⁶¹ Staff reported that there were no waiting lists for educational programs, since the programs are prerecorded television videos and slides delivered remotely to individuals in their cells.

Florence ADX does not offer any college courses through the facility. Individuals may contact schools directly to enroll in mail-based college correspondence courses. Students are responsible for all costs of the courses, which varies depending on the particular school and course. During the inspection, staff reported that five inmates at the facility were enrolled in correspondence courses, including one DC inmate. Two individuals reported in the survey that they could not afford college classes.

B. Vocational Training

No vocational training programs are available beyond self-directed study for various certificates. The facility no longer has an active UNICOR factory, although staff indicated plans to use the factory space for additional out-of-cell programming opportunities. Several individuals stated they would like to transfer to a facility that offers vocational training.

⁶⁰ To be exempt from the GED requirement, an inmate must demonstrate within 60 days of arrival that the inmate has a high school diploma or GED. Inmates who are not exempt are tested using the Tests of Adult Basic Education (TABE), which allows for placement in an appropriate class level. Inmates who test below a fifth grade level are placed in special education classes. Federal Bureau of Prisons, U.S. Department of Justice, Program Statement No. 5350.28, Literacy Program (GED Standard) (Dec. 1, 2003), https://www.bop.gov/policy/progstat/5350_028.pdf.

⁶¹ The BOP requires that all inmates who enter BOP custody without a GED or high school diploma must enroll in education classes and participate in 240 hours of instruction towards their GED before they are permitted to withdraw from the programming. Federal Bureau of Prisons, U.S. Department of Justice, Program Statement No. 5350.28, Literacy Program (GED Standard) (Dec. 1, 2003), https://www.bop.gov/policy/progstat/5350_028.pdf.

C. Employment

As a permanent lockdown facility, Florence ADX does not offer any employment opportunities for inmates beyond limited orderly duties on their unit ranges. In the Control Unit, only one inmate works as an orderly at a time. At the time of the inspection, four DC inmates were employed as orderlies. However, employment lasts for only a limited number of weeks and is based on an inconsistent rotation schedule with no clear eligibility requirements. One survey respondent noted that he had not had a job for over two years.

Individuals in the satellite prison camp provide labor at Florence ADX for laundry, mailroom, commissary, kitchen, yard work, and other cleaning and maintenance jobs. At the time of the CIC inspection, there were no DC men incarcerated at the prison camp.

Recommendation:

- **The CIC asks that the facility explore more ways for inmates to participate in out-of-cell programming, including conversion of old UNICOR space to programming space. In addition, facility should explore programming options outside of cages in order to more effectively deliver vocational training and educational training beyond GED.**

VII. Daily Living

D. Visitation

Florence ADX is located in a remote area with limited travel and hotel accommodations in the surrounding area. Almost every individual who spoke with the CIC commented that the distance between DC and Colorado prevents regular and even occasional visitation.

For most housing units, visitation is available on Thursday through Sunday, and for the Special Security Unit, visitation is available on Monday through Wednesday. There are 34 days in the year when no visitation is allowed, because they are designated as “special administrative days.” The facility participates in the visitation program provided by Prison Visitation and Support (PVS), a nonprofit organization with volunteers who make visits to incarcerated individuals, especially those who do not regularly receive visits, are in solitary confinement, or have long sentences remaining. Visitors can use vending machines located in the visiting room, and a table and toys for children are available in one corner. Visitors are randomly selected to be scanned by the Ion Spectrometry Device (Ion Scan), which checks for drugs or other illicit materials.

All visits are entirely no contact. There are eight visiting booths in the visiting room. Visitors speak with inmates over the phone, and are separated from inmates by clear glass windows. Only one inmate in the Control Unit may use the visiting room at a given time. For the Step-Down Units, there is no limitation on the number of social visits an inmate may receive each month.

The visiting room includes four rooms for attorney-client visits. The attorney-client rooms are separated from each other by glass, which allows inmates to see each other. Although intended to be soundproof, individuals can hear through the walls of the attorney-client rooms. Inmates must let staff know when they need to receive a document from their attorney, since not all of the attorney-client rooms have a slot for passing documents through the glass separating the attorney and their client.

Many individuals from DC left comments about the hardships this distance has created in maintaining family relationships, including one person who had not seen anyone from his family since 2003, and another who had not received a visit since 2007. One individual requested that the BOP consider video visitation to allow for individuals to see their families.

E. Communication

Mail Correspondence

With limited communication options at Florence ADX, including no email access and severely restricted access to phone calls, many individuals rely on mail correspondence to communicate with those outside the facility.

All mail enters the facility through the Receiving and Discharge Department, which is also responsible for intake of newly arrived inmates. For legal mail and other mail handled by the special mail procedures, the department identifies the letter as special mail and then delivers it to the appropriate Unit Team, so that this special mail can be opened in the inmate's presence. In contrast to policy, one individual reported to the CIC that his legal mail has been given to him already opened three times in the past.

The most common concern about mail reported by individuals from DC is the long delays before mail is sent from or received at the facility. Almost all individuals noted the delays in the mail process, including for both incoming and outgoing mail. Several individuals described typical delays of two weeks, and one individual said his mail was always delayed between 14 and 21 days. Another individual described two letters, one sent to him and one sent out by him, that each took three months to reach their recipients. According to one individual, a particular Associate Warden is responsive and willing to help with mail delays, but the mailroom is "still a problem."

Several individuals pointed to the Special Investigative Service (SIS) as being responsible for mail delays at Florence ADX. The SIS office at each BOP facility handles investigations, mail and phone monitoring, and other matters related to security and intelligence. Several individuals stated that SIS holds mail after it is postmarked, and the SIS officers who review the mail determine how long it stays in the mailroom before it is sent out. One person commented that if an SIS officer is unavailable, then the mail will remain waiting.

Telephone Usage

Inmates in the Control Unit are permitted to make two 15-minute phone calls per month, and those in general population can make up to three 15-minute phone calls per month. Inmates in the Step-Down Units can earn additional phone calls beyond the three permitted for general population units.

The cost for a 15-minute long-distance phone call is \$3.45. Half of the individuals who responded to the survey reported having problems accessing the telephone. The cost of phone calls and sanctions on phone use were the two most common reasons provided for telephone access problems.

For many DC individuals, the limited number of calls is "frustrating" and prevents individuals from maintaining community and family ties. Many disciplinary sanctions at the facility include the revocation of phone usage.

Recommendations:

- Per the *Cunningham* settlement, the CIC encourages the Bureau to implement more programs like the STAGES Program as alternatives to solitary confinement for those with mental illness; and the CIC encourages the Bureau to go further to use similar programs to reduce the use of solitary confinement for all incarcerated persons.
- Especially given the deleterious effects of solitary confinement and distance from home, the CIC recommends that the Bureau view communication less as a privilege to be denied and more as a public safety issue, allowing for more efficient communication with home via mail and video conferencing, which would increase safety and increase chances of successful reentry.

F. Recreation

At Florence ADX, recreation is restricted to the allotted out-of-cell time as well as in-cell activities, which consist primarily of access to television programming, limited hobby crafts, and handouts with weekly games.

Out-of-Cell Activities

Out-of-cell time is generally restricted to no more than one to two hours a day for most units. Staff reported that inmates in the Control Unit, SHU, and general population units receive two hours of recreation each weekday, for a total of 10 hours per week out of the cell. Recreation usually rotates each day between indoors and outdoors. Three to five staff members are required to escort any inmate to recreation, and staff performs a shakedown of cells each time an inmate goes to recreation.

For the Control Unit, the outdoor recreation area consists of six, narrow, empty concrete spaces (photo immediate right). For the general population units, the outdoor recreation area is



a large, deep, concrete area with a caged ceiling and five individual cages for each unit (phot far right, above). Inmates are confined to separate cages but are able to see and speak with a limited number of other inmates. The SHU outdoor recreation area is similar to the general population units, except that only one person from the SHU is allowed to go outside at a time. Four indoor recreation rooms are available on each unit.

The Step-Down Units and Kilo Unit are the only housing units where individuals are not physically separated by cages or entirely isolated during out-of-cell recreation. Individuals in the units are also provided additional recreation time, which is split between both the outdoor recreation cages and the indoor common area, where up to eight inmates are permitted at one time. In the Joker Unit, inmates receive up to three hours out-of-cell time per day, while in the Kilo Unit, as the least restrictive housing unit at Florence ADX, inmates receive up to seven hours of out-of-cell time per day.

Several survey respondents noted that the limited recreation time was not adequate, with several individuals reported that they do not receive recreation time.

In-Cell Activities

For hobby crafts, inmates who are permitted may have access to paper, pencils, pastels, crayons, and watercolor paint, as well as yarn and plastic hooks for crocheting. Inmates are required to pay for all supplies by submitting a special order form. Inmates can participate in a “Creative Arts Program,” where their artwork is anonymously displayed in the surrounding community and receives feedback from community members. Participants rotate through the program, with around five to six inmates participating at one time. At the time of the inspection, the program had a waiting list.

The weekly paper-based games provided by the Recreation Department include trivia questions, Bingo, and brainstorm puzzles. During major sporting seasons, inmates can also submit predictions of winners for specific races or games to staff to receive prizes for correct guesses. Prizes for winning game sheets or sports choices include peanuts, a nutrition bar, or a photograph of an inmate taken in the outdoor recreation cage. Inmates may send photographs and hobby crafts to approved visitors.

Numerous individuals interviewed during the inspection reported that the recreational activities are inadequate. According to feedback, in-cell activities are frequently limited to one or two of the paper-based game sheets per week. Many individuals do not want to do the weekly “games,” but are required to participate, and so they shout out the answers to others on their unit range. One individual specifically stated that the facility should “add more things to do within the cells.”

Television Programming

Inmates with access to a television can view recreational and other programming on the Nexus System, which is presented on closed circuit television (CCTV). The in-cell televisions are small and have color, and the Step-Down Units have larger televisions in the common areas. The CCTV has 83 channels, and includes channels with programming and information from the facility staff, as well as channels with sports, news, and other entertainment channels, including nine music channels. Inmates also have access to movies from Netflix and DVDs, which are restricted to PG-rated and presented through the CCTV. Staff provides inmates with a list of the channel schedules in their cells. Closed captioning is not available on channels presented by facility departments, which can effectively prohibit individuals who have limited hearing from all available programming. The facility also presents information on a “Bulletin Board” channel, which is also available on the unit computers in the law library.

Most departments at Florence ADX including the Recreation, Education, Religious Services, and Psychology Services departments, provide content made available to inmates through the CCTV. Each department has a designated channel(s), through which it plays taped information and other programs throughout the day. The Recreation Department has two channels that play music and present wellness information and programs, including programs for step aerobics and yoga.

G. Library

In order for inmates to receive books and magazines, staff provides a list of available books and then delivers the books to individual cells based on the requests. For Joker and Kilo Units, the books are delivered through the barred wall separating the common area from the unit staff. Several inmates from the nearby prison camp work in the library.

The library at Florence ADX is divided into 11 sections, with around 150 to 200 books in each section. Inmates have access to one section at a time, based on their housing unit range, and can request up to five books at a time. Books are delivered on a weekly basis, and the books in each

section are rotated between the other sections once per quarter. Inmates in all units are permitted hardcover books, which staff said has never been a problem at the facility. For hardcover books that inmates may order from outside of the facility, staff removes the cover before providing it to the inmate. Staff stated that they keep detailed logs of which books inmates request and receive, which includes keeping copies of all request forms. Staff also reported that USA Today is provided on weekdays and is passed down from cell to cell by staff, and inmates are permitted to order The Washington Post. No large-print books are available in the library.

Copying at Florence ADX is performed by staff upon inmate request. Inmates mark the pages to be copied, and staff delivers the pages back to them. The cost is \$0.15 per page. Indigent inmates are provided 20 free copies per week if they have an imminent court date. Staff also noted that indigent inmates may have to repay the facility for copies if they receive commissary money soon after having free copies made. Staff is required to read all materials they copy to ensure that the materials do not contain threats or other prohibited content. For legal material, staff stated that they briefly scan it to identify the material as legal, without studying it or reading the substance of the content.

Law Library

The law library is accessed through computer terminals located in specially designed cells on each unit range, except for the Step-Down Units, where a computer is located in each common area. The “law library” cells are largely bare and contain three empty concrete shelves, a chair, and a computer with access to LexisNexis electronic legal materials. Inmates can print materials from a law computer by marking them for staff to print and deliver to their cells, similar to the process for making copies. The FCC has an agreement with the University of Wisconsin–Green Bay, where inmates can contact the University to request state law materials.

Inmates are permitted to access the law library for one hour per day, upon request. Inmates are provided more time if they have an active case. The computers can also be used to access the TRULINCS software platform used in BOP facilities, including the TRULINCS notice board. The computers do not have access to CorrLinks email to email persons outside the facility and cannot be used to submit electronic requests to meet with staff. Several inmates recommended that the law library room include a typewriter and printer for inmate use.

H. Meals

Food Services reported that the facility spends \$3.50 per inmate on meals each day. “Heart healthy” and vegetarian meals are available, and vegetarian options include soy, soy burgers and patties, and tofu. Due to the lockdown status of Florence ADX, meals are transported from the kitchen and delivered to cell doors. In the Joker and Kilo Units, inmates receive their food trays through the barred wall separating the common area from staff.

The quality and quantity of meals were concerns for around one third of respondents. One individual said that the “portions are terrible” while another stated “they never change the food; we need a variety of different menus.” Conversely, one individual reported that the meals have “variety and decent proportions.”

Around 29 total inmates receive a religious diet. Several survey respondents reported receiving the religious diet. They noted that the meals are prepared in accordance with kosher standards, which is permissible for Muslims who eat Halal food. However, most reported being unsatisfied with the religious diet meals, with comments such as “since it’s the only tray permissible for me, I endure it.”

Inmates from the nearby FCC camp travel to Florence ADX to cook meals and also receive a ServSafe certification.

I. Commissary

At Florence ADX, inmates are permitted to make commissary purchases once per week, with a maximum spending limit of up to \$265 per month. Inmates can also make one special order request per month for an item not available in the commissary.

Inmates in all housing units have the same commissary items available. Staff reported that the Joker and Kilo Units ordinarily have more options available, but all units were using the more restricted list at the time of the inspection. During holiday periods, the facility expands the available commissary items, so that inmates can purchase items such as holiday cards. Staff stated that they also look into commissary requests to see if they should add new items.

No individuals who the CIC surveyed reported being unsatisfied with the commissary. One individual, however, expressed concern about being restricted from using commissary as a penalty, and reported that he cannot buy from the commissary until year 2100.

J. Hygiene

In response to the CIC survey, DC inmates at Florence ADX were generally satisfied with the cleanliness of their units, and almost all reported that they were able to receive several basic necessities of personal hygiene.

The most serious concern reported regarding hygiene was the feces and other waste left by previous occupants of the cells. Inmates rotate cells every 90 days by moving down one cell. Staff do not clean the cells, and therefore, if the previous occupant refuses to clean the cell, then the next occupant has to clean it up. The CIC heard reports that some inmates with mental illness live in cells covered in their feces and trash until their cells rotate.

One individual commented that inmates are placed in cells that are “contaminated,” and described his new cell after rotation as “filthy,” saying there was “residue inside the toilet, the sink was filthy, [and] the shower walls were dirty.” Another individual described his current cell as having feces “everywhere.” Two individuals commented on the unit ranges being dirty. One DC inmate reported that in “the segregation unit, an inmate poured urine and feces in my cell through the crack in the ceiling.”

In regard to laundry, there is one day a week designated for washing inmates’ linens and another for washing personal laundry. Inmates are provided their own laundry bags into which they place their linens or clothes, and receive the same items back after they are washed. Staff in the laundry room reported that inmates receive their laundry back within one day. Although almost all respondents said that they receive clean clothes and sheets each week, one individual stated that sheets and white clothing come back brown from the laundry.

Most respondents reported that they receive haircuts. Two individuals noted that there is a long wait between haircuts, with at least two months in between and sometimes more than three.

K. Religious Services

Inmates pray and participate in religious services in their cells. Inmates are not able to use the chapel or an outdoor worship area, and the facility prohibits inmates from praying in groups. One Muslim respondent to the CIC survey stated a desire for the facility to permit communal prayers on the units.

Staff reported that the most represented faiths are Islam, Catholicism, Judaism, and Mormonism. Staff also reported that there is a higher percentage of inmates who practice Paganism, as compared to other facilities, due to a large number of Odinists. Individuals at the facility from DC are more likely to identify as Muslim than other individuals, with more than 50% of DC inmates identifying as Muslim, compared to 22% of the overall facility population.

Religion Programs and Materials

Almost all survey respondents reported being satisfied or very satisfied with religious programs. One individual noted that he is content as a Muslim because he can fulfill his religious obligations. Religious Services staff operates a channel on the CCTV, and pre-recorded programming is available for each religion, including religious movies and 16 hours of Qur'an recitations. Staff provides inmates with a list of books available through Religious Services. Inmates may purchase prayer mats from the commissary, and may keep their prayer mats from previous facilities. Inmates who are approved by the head chaplain for the religious diet receive one religious ceremonial meal per year.

Staffing and Volunteers

Religious Services at Florence ADX has eight staff, including four chaplains. The chaplains include a Jewish rabbi and a Protestant chaplain. A staff imam previously transferred out of the facility. In response to the CIC survey, 13 DC inmates said a chaplain conducts weekly rounds. Staff reported that the facility has few volunteers for Religious Services due to lack of interest from the inmates. At the time of the inspection, around four volunteers were actively coming to the facility, including a Catholic priest, an Islamic imam, and Mormon volunteers. Staff reported that Muslim volunteers are difficult to find due to the locality. Volunteers meet with individuals on the housing units.

Family Deaths

For the death of an immediate family member of an inmate, a chaplain will notify the inmate and offer spiritual care and the opportunity to call a family member. One individual noted in the CIC survey that the chaplain allowed him to call home when his mother passed away.

VIII. Reentry

At the time of the inspection, staff reported that around 50 inmates at Florence ADX were scheduled to be released in the next three years. In response to the CIC survey, six DC inmates said they were within 18 months of release.

FCC Florence has two Reentry Affairs Coordinators, and staff explained that one of the coordinators works primarily for Florence ADX. The clinical social worker at Florence ADX also assists with reentry preparation. Staff reported that the facility plans to hire another social worker after the end of the federal hiring freeze.

Distance from DC

Several inmates noted that the long distance from DC affects their ability to prepare for release. In response to a survey question, 15 individuals said they would be interested in moving closer to DC during their last 24 months of incarceration, while two said they would not be interested, and five

did not answer. Two individuals specifically recommended transferring DC individuals to the DC Jail prior to release, so that they can receive reentry preparation in DC.

Out of the 12 individuals who made comments regarding the reasons for which they would prefer to be closer to DC in the last 24 months of incarceration, nine mentioned the ability to see their families and restore family ties, especially with their children. One individual commented that he has not seen his family in almost 15 years, and another discussed how relationships with family and friends deteriorate when an individual has been away for a long time. In addition, seven individuals mentioned preparing themselves for reentry in other ways, including learning about employment, housing, clothing, and health care opportunities, as well as what other programs are available to help with “a positive transition back to society.” One individual noted that preparing for a successful reentry, especially after a long period of time, may take longer than 24 months, and recommended that individuals from DC be moved closer to the city within 36 months of release.

Release Preparation

At the onsite inspection, Florence CC Reentry Services staff showed CIC representatives the pilot BOP Reentry Preparation Program curriculum slides, developed by BOP Central Office, intended to prepare individuals for community reentry upon release.⁶² The curriculum was a 3-day program, involving all departments, with staff delivering sessions based on expertise. Alternatively, it can be delivered one-on-one or in groups within units within 11 months of release by unit team members. Florence ADX participants do not receive the curriculum in 3 days, but, rather, spread out over time. Those with mental health diagnoses receive training on maintaining mental health and medical care. This RPP program can be delivered as far out as 30 months from release. At that time, there was no indication of when this curriculum would be used agency-wide. The curriculum did not contain DC-specific information, but, rather, was written for general use across U.S. jurisdictions.

The Reentry Services team also shared information about a reentry simulation wherein 20 booths were set up to mode a community to help participants practice how to obtain vital services and information, such as health coverage and vital records. They have also held a mock job fair for Florence ADX.

The social worker stated that she begins working with individuals around 12 months prior to their release date. The social worker also goes over topics related to important issues connected to reentry. The length of time discussing each topic depends on the individual’s needs and interests. According to the social worker, the discussions are ordinarily one-on-one, but some group activities are possible. Topics include budgeting, family reunification, new technology, and resume writing, as well as role playing and mock job interviews. The mock job interviews may have up to five participants per session, which the social worker noted allows for more engagement and feedback.

Overall, survey respondents reported low levels of release preparation by the facility. One individual who was nearing release stated that he met with reentry staff once a month, but did not see his case manager in the months leading to his transfer to a halfway house. Almost all survey respondents within 18 months of release reported that they knew how to obtain certain services after release.

⁶² Federal Bureau of Prisons, U.S. Department of Justice, Program Statement No. 5325.07, Release Preparation Program (Dec, 31, 2007), https://www.bop.gov/policy/progstat/5325_007.pdf.

During the inspection, staff stated that they planned to start a unit for reentry preparation. The Release Preparation Unit opened in the month after the CIC inspection for inmates with two years or less on their sentences. The unit operates in the other half of the Kilo Unit and is meant to offer programming related to its purpose of preparing individuals for release. In correspondence with the CIC, a participant reported that the unit is “terrible” and does not offer any support or resources to prepare inmates for release, and instead offers activities such as coloring books.

After having learned about the program from the CIC, staff stated that they plan to begin participating in the CSOSA’s Quarterly Community Resource Day Video Conference for DC inmates in BOP facilities.⁶³ The complex has since participated in these monthly reentry videoconferences.

Release from Restrictive Housing

During the inspection, staff reported that the facility begins work with the Transitional Intervention for Parole Supervision (TIPS) staff at CSOSA on an individual’s release preparation plans when an individual is within 120 days of release.⁶⁴ At Florence ADX, the clinical social worker reported that she works closely with CSOSA to ensure that follow-up care is available for DC returning citizens who have medical and mental health needs. The social worker explained that CSOSA typically has a history on the individual in their database and can also direct Florence ADX staff to local service providers, such as the DC Department of Behavioral Health (DBH).

According to Florence ADX staff, an individual’s case manager compiles the Residential Reentry Center (RRC or “halfway house”) placement packet and sends the information to the Residential Reentry Management (RRM) regional field office around 17 to 19 months before scheduled release. The social worker stated that few individuals are released directly from Florence ADX, but many DC inmates go to the Baltimore RRC, Volunteers of America Chesapeake RRC.

Recommendations:

- **The CIC recommends that the facility and the agency evaluate the reentry programming in the Release Preparation Unit and more broadly offered by Reentry Services Coordinator to identify ways to improve content and delivery.**
- **The CIC recommends that the facility evaluate the cases of those who are within 24 months of release who could potentially be released straight from Florence ADX in an effort to maximize the amount of potential halfway house time for up to a year, per *The Second Chance Act of 2007*.**

⁶³ The CSOSA Community Resource Day is completed through videoconferencing, during which CSOSA staff and representatives from other organizations provide information on housing, healthcare, employment, education, and other resources in the DC area to DC inmates who are within 90 days of release. Inmates may also receive a package with contact information for participating organizations.

⁶⁴ CSOSA, Transitional Intervention for Parole Supervision (TIPS), <https://www.csosa.gov/supervision/programs/tips.aspx>.

Appendix A: Administrative Remedy Filings

The table below provides an overview of the categories with the most numerous administrative remedy filings submitted at each level regarding Florence ADX between March 2016 and February 2017. *Source: Federal Bureau of Prisons.*

Facility Level (BP-9s)					
Subject	Submitted	Rejected	Filed	Answered	Granted
Staff/Other Complaints	316	84	232	228	0
Medical (except forced treatment)	241	33	208	198	6
Operations, Institution	232	47	185	175	2
Legal Matters	159	46	113	105	0
Mail Communication	116	22	94	92	0
UDC/RRC Actions ⁶⁵	79	18	61	61	0
Institutional Programs	73	10	63	62	0
Food	53	8	45	45	0
Mental Health Care	52	8	44	41	0
Classification Matters	48	11	37	37	0
Reasons for Rejection of BP-9s					
Untimely	No Informal Resolution	Attachments	Wrong Level	Resubmit	Other
34	102	0	16	135	102

Regional Office (BP-10s)					
Subject	Submitted	Rejected	Filed	Answered	Granted
Staff/Other Complaints	283	108	175	175	0
Medical (except forced treatment)	181	68	113	112	0
Operations, Institution	129	47	82	82	0
DHO/CDC/Contract Appeals ⁶⁶	99	63	36	35	1
Legal Matters	74	29	45	45	0
Mail Communication	71	16	55	55	0
Classification Matters	51	15	36	36	0
Mental Health Care	48	21	37	27	0
Institutional Programs	45	13	32	32	1
UDC/RRC Actions	43	20	23	23	0
Reasons for Rejection of BP-10s					
Untimely	No Informal Resolution	Attachments	Wrong Level	Resubmit	Other
148	0	18	49	310	251

⁶⁵ Relates to minor sanctions given by Unit Disciplinary Committees or Residential Reentry Centers.

⁶⁶ Relates to major sanctions given by Disciplinary Hearing Officers, Center Disciplinary Committees, or contract facilities.

Central Office (BP-11s)					
Subject	Submitted	Rejected	Filed	Answered	Granted
Staff/Other Complaints	180	53	127	90	0
Medical (except forced treatment)	90	14	76	70	0
Operations, Institution	77	25	52	21	0
Mail Communication	51	17	34	18	0
Legal Matters	45	19	26	19	0
Classification Matters	39	13	26	22	0
PREA	35	9	26	25	0
Mental Health Care	33	9	24	15	0
Institutional Programs	32	11	21	8	0
DHO/CDC/Contract Appeals	32	13	19	12	0
Reasons for Rejection of BP-11s					
Untimely	No Informal Resolution	Attachments	Wrong Level	Resubmit	Other
18	1	42	50	83	123

Appendix B: Significant Incidents

The table below provides a list of the significant incidents reports recorded into the TruIntel Data System by facility staff between July 2016 and June 2017. *Source: Federal Bureau of Prisons*

Institution locked down	0
Inmate suicides	0
Inmate homicides	0
Assault on inmate, with weapon	3
Assault on inmate, without weapon	4
Assault on staff, with weapon	1
Assault on staff, without weapon	42
Attempted assault on inmate, with weapon	0
Attempted assault on inmate, without weapon	0
Attempted assault on staff, with weapon	3
Attempted assault on staff, without weapon	40
Escape from secure facility	0
Escape from non-secure facility	0
Sexual act, non-consensual, on inmate	0
Sexual assault on staff	0
Sexual contact, abusive, on inmate	0
Uses of chemicals	73
Uses of force	47
Uses of restraints	96

Appendix C: Disciplinary Guilty Findings

The chart below lists the most frequent Guilty Findings for Prohibited Acts at Florence ADX (from March 2016 to February 2017), which includes a comparison to the overall rate for those infractions in the BOP (from June 2016 to May 2017).

Guilty Findings for Prohibited Acts – Florence ADX Compared to Overall BOP					
Prohibited Act	ADX Number of Incidents (T=413)	BOP Number of Incidents (T=177,227)	ADX Rate of Incidents (per 100 inmates)	BOP Rate of Incidents (per 100 inmates)	Likelihood of Guilty Finding at ADX Compared to BOP
Refusal to Obey an Order (Level 300)	90	8,511	21.8	4.8	4.5
Refuse Drug/Alcohol Test (Level 100)	74	887	17.9	0.5	35.8
Assault (Level 200)	55	3,744	13.3	2.1	6.3
Drugs/Alcohol (Level 100)	40	7,995	9.7	4.5	2.2
Threatening Bodily Harm (Level 200)	36	1,747	8.7	1.0	8.7
Destruct Property \$100+ (Level 200)	24	403	5.8	0.2	29.0
Insolence to Staff (Level 300)	20	3,974	4.8	2.2	2.2
Destruct Property <=\$100 (Level 300)	20	1,183	4.8	0.7	6.9
Sex Acts/Proposals (Level 200)	16	2,178	3.9	1.2	3.3
Safety/Sanitation (Level 300)	14	2,056	3.4	1.2	2.8
Unauthorized Possession (Level 300)	12	7,756	2.9	4.4	0.7
Communicate Gang Affiliation (Level 300)	10	38	2.4	0.02	120.0
Other (Level 200)	10	4,232	2.4	2.4	1.0
Refusal to Work (Level 300)	8	8,936	1.9	5.0	0.4
Other (Level 300)	8	5,141	1.9	2.9	0.7

⁶⁷ Form 583 is used to report significant incidents to the FBOP Central Office. The form is an electronic version of the Report of Incident form. Issues reported to the Central Office generally include deaths, suicides, escapes, serious assaults and other serious acts of misconduct by inmates, and uses of force, chemicals, or restraints by staff.

Source: Federal Bureau of Prisons.

Appendix D: USP Florence-High Survey Report

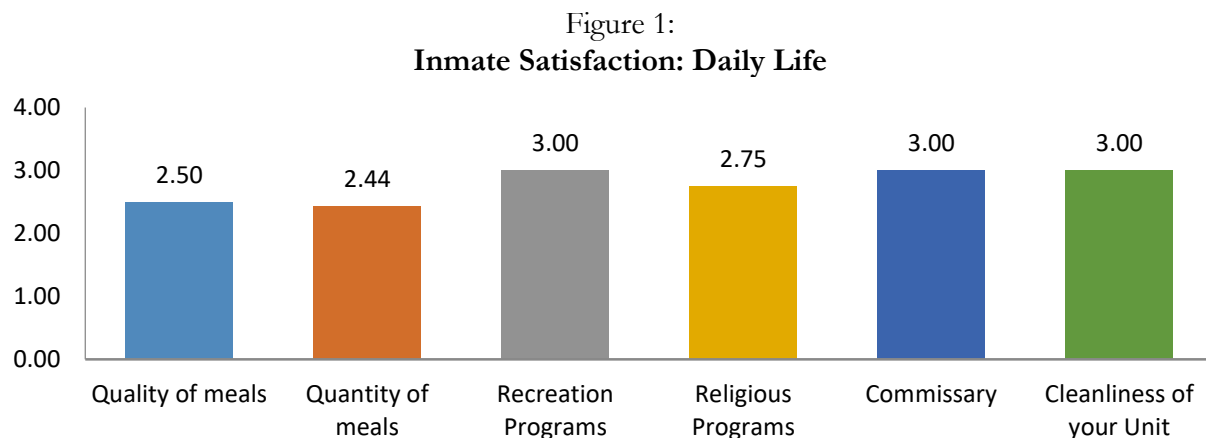
Inmate Feedback Summary

As a part of the interviews with incarcerated DC residents, the CIC asked participants to explain what they thought were the best and worst aspects of USP Florence. With regards to the most positive aspects of USP Florence, incarcerated DC residents note that in comparison to other facilities, USP Florence was not as violent, there weren't as many lockdowns, and that they received more out of cell time and access to phone and email, specifically compared to ADX.

When incarcerated DC residents were asked to share the most negative aspects of USP Florence, the most common answer was treatment by staff. Inmates stated that staff members "don't pay attention to us as if we are people", "that the "staff are worse here than at other facilities" and that there is a "variance of attitude of staff." Another noted that "food and staff are worse here than at other facilities." One noted the difficulty he faced in attempting to transfer out of USP Florence, stating, "It's difficult to get to an FCI from here."

Daily Life

The CIC asked DC inmates to rate their satisfaction regarding the quality of meals, quantity of meals, recreation, and religious services at USP Florence (Figure 1). From a scale of 1-4 ("1" as "very unsatisfied" and "4" as "very satisfied"), recreation programs, commissary and cleanliness were ranked highest at 3.00. Quantity of meals was ranked lowest at 2.44.



Other:

Other concerns reported to the CIC centered on interactions with staff and their experience in the SHU. One inmate noted that a counselor at USP Florence said before the CIC inspection, "don't make me look bad" and that additionally they were concerned that counselors, who are only there 2 days a week, were not in the units working with inmates with issues. Another inmate noted that the psychology staff "tries really hard" but "don't have the resources."

Health Services

The CIC asked DC inmates to rate their satisfaction with both the quality of health services at USP Florence and the wait times. Amongst those surveyed, 60% were satisfied or very satisfied with medical care; 80% were satisfied or very satisfied with mental health care; and 40% were satisfied with dental care

Medical Care:

A total of 4 inmates surveyed were on the chronic care caseload; all 4 reported receiving timely follow-up care. A few inmates noted that wait time was especially significant when an individual was in the SHU; he states “Outside of the SHU, you can go straight to medical. Inside the SHU, I sat in pain for weeks. It took 3 weeks for me to see the physician assistant. I was in excruciating pain.”

Mental Health Care:

Of the 3 inmates who required mental health services, all felt they had adequate access to these services.

Dental:

Four out of seven inmates who responded to dental questions believed that they did not have adequate access to dental services. Negative feedback focused on long wait times for dental. One inmate noted that individuals housed at USP Florence did not have access to root canals, bridges or crowns. One inmate participating in the Step Down program at ADX, before transfer to USP Florence was told that he could not get dental services because “DC does not send the money to cover dental.”

Administrative Remedies

Approximately 50% of DC residents interviewed have used the grievance process at USP Florence, and the mass majority reported having access to cop outs and Administrative Remedies. The majority of DC inmates reported that cop-outs and administrative remedies were unfair. One inmate specifically denoted that DHO hearings are not recorded and that he was not able to pull from any record of evidence to help his case. Another inmate reported that his request to the Warden to get access to his BP9 paperwork was rejected.

The top answers to why DC inmates have chosen not to use the grievance process were staff retaliation, belief that the grievance process does not work and dissatisfaction with the outcome of previously submitted complaints.

Discipline

Regarding discipline, the CIC asked DC inmates about the fairness of disciplinary decisions by Disciplinary Hearing Officer (DHO) and the unit team. In many cases, disciplinary actions are first handled by the inmate’s unit team before referral to the DHO. Three inmates responded that the unit team’s decisions are fair, 3 that they are unfair, and 2 did not know. Only 1 inmate responded that the DHO’s decisions are fair, 7 that they are unfair, and 1 did not know.

Three inmates had serious concerns and negative commons about the financial fines they have received as a result of the DHO hearing. Specifically, an inmates states “if you don’t sign it they freeze your account, if you don’t go to the disciplinary hearing, they won’t freeze your account but you will be found guilty.” Additional, two inmates expressed concerned about how a disciplinary action can extend one’s stay in the SHU simply as a result of the time that it takes for the disciplinary process to proceed. Another inmate noted that he did not like the policy of a “house rep” whereby if you elect for a “house rep” (another inmate) to be your advocate in a DHO hearing, you actually have to spend more time in the SHU compared to if you had not elected to retain representation for a “house rep.”

Staff

The CIC received mixed feedback from DC inmates about the staff at USP Florence. The majority of respondents indicated that housing unit officers are “usually” or “sometimes” competent, responsive, and respectful. Nearly half of respondents indicated that housing unit officers are “rarely” responsive to your needs, respectful and competent with fulfilling their job duties.

DC inmates were also asked how often their unit managers, case managers, and unit counselors are helpful. Unit managers received the most positive feedback, followed by Unit Correctional Officers, Case Managers and then unit counselors.

Access to Toilets When in Restraints

Of the 7 inmates that indicated they have been in restraints (handcuffs for transit, awaiting medical, etc), three indicated that they were not allowed access to toilet.

Institutional Safety

Only two DC inmates surveyed reported being harassed by staff (insulting remarks due to race and gang-related issues). One reported by harassed by other inmates regarding gang related issues. Of the two DC inmates who reported harassment by staff, one was satisfied with how the reports were handled. The inmate who reported harassment from other inmates did report the behavior and was subsequently satisfied with how it was handled.

As for sexual abuse, the majority of inmates were aware of how to report incidents to staff. A little less than half knew how to report to outside service agencies, hotlines, and anonymously; only one knew how to report through family. Seven inmates responded that they were told how to report sexual abuse via a bulletin board. In regards to safety, one inmate noted “safety is pretty normal.”

Reentry

Of the DC inmates the CIC surveyed, only one was within 18 months of release. This one inmate reported having interaction with the Reentry Affairs Coordinator and had also discussed halfway house eligibility with their unit team. They, however, had not taken RPP classes, they had not been given their birth certificate or their social security card in their institutional jacket and they reported having not received information about reentry resources in their local community.

Employment, Education & Programming

Approximately 70% of DC inmates interviewed were employed at USP Florence. Several inmates who spoke with the CIC had jobs as orderlies. Sixty percent of DC inmates interviewed were also participating in Academic programs. Eight respondents were participating in a mental health program or recovery program.

Regarding education, one inmate stated that “the GED program was not great. Sometimes no teacher is present. It’s not worth the time.” One inmate specifically made a request for more “inmate-led” programs so he could, for example, have an opportunity to “teach African studies.” He noted that the facility especially lacks culture based programs. Regarding recovery programs, two inmates noted that those programs were mostly handout packets on substance abuse.

Communication & Visitation

Most common problems regarding the telephone was affordability, broken phones, and not having phone privileges. One inmate noted that his phone privileges had been taken away for 60 days. Another inmate noted that the majority of phones (specifically in the SHU) are broken. He stated “there are have been three times in the last two months, the phones were broken and thus I could not use them.”

The most common types of visitation problems were distance and loss of visitation privileges.

Regarding mail, there were several complaints. One inmate noted, “sometimes it seems like our mail does not go out. I had written to a pro-bono law firm about my case. My family called to check with law firms, they said they didn’t get them.” Another inmate noted that his lawyer had sent parole documents to him 2-3

months ago but he had never received them. Another inmate expressed a similar concern; “twice, I have not received regular mail. Because I am here at USP but an ADX prisoner, the mail gets sent to ADX and then to USP Florence. Thus, it takes even longer to receive legal mail (2 weeks to 1 month).”

DC Specific Issues

DC inmates were nearly unanimous in expressing their desire to move closer to home if given the opportunity. Inmates noted that they are too far from home (“I have been away from home for 20 years), and that the distance from DC to Colorado makes it difficult, if not nearly impossible, for family to visit (“I would want to see my family...being closer provides be a better chance of building bonds and getting re-acclimated.”).

Regarding how staff treats DC inmates in comparison to other inmates, 30% reported worse treatment, 70% reported equal treatment, and none reported better treatment. When asked whether DC inmates are treated better or worse by other inmates, 20% reported worse treatment, 80% reported equal treatment, and 0% reported better treatment.

Regarding overall treatment of DC inmates by staff and other inmates, respondents pointed out that DC inmates are considered by staff to be “troublemakers,” “most hated individuals in the federal prison system. One inmate noted that staffs “just don’t want DC inmates in BOP.”

SHU

Eight of ten DC inmates surveyed have been in the SHU at USP Florence. Seven had been in the SHU between one and three times, and 1 inmate between 4-6 times. Of these 8 inmates who reported having been in the SHU, five spent between 1-3 months in SHU at one time and 2 reportedly spent between 4-8 months in the SHU at one time.

The majority of inmates reported that staff from medical, mental health, education, and religious services conducts regular rounds in the SHU. All inmates reported having access to showers. The majority of inmates also reported having access to recreation, writing materials, and reading materials. The least accessible resource was the telephone, with four out of eight inmates not having access; grievance forms were the second least accessible resource, with three out of seven not having access.

DC inmates made several comments about the lack of access to resources in the SHU: “phones are broken and thus we do not always have access. Recreation in the SHU is available depending on the officer. There is a cart of books pushed through the SHU but there is rarely anything on it (on average 7 books). If you are constantly filing grievances, they don’t give you any more grievance form.” Another inmate also indicated that a resource is available only if the unit team comes around; he stated “Sick call slips are available when team comes around. Don’t have access to writing materials and staff respond by saying ‘write a cop-opt’ or say they will be back but then never come back...its hard to ask for medical staff.” Three inmates noted that they do not have access to media (i.e. radios, magazine or newspapers). Another inmate particularly noted that the access to recreation is easily taken away; he further noted there are no call slips in the SHU. He stated that “there is no procedure. No way to call a nurse. “In regards to mail, he noted that items that were sent to him while he was in the SHU, were never given to him upon exiting the SHU.” Lastly, he expressed concern with how penalties are administered in the SHU. He stated that all those in the SHU were punished, through the removal of access to milk; “no one has got milk for five months because 1 inmate threw feces...they took away milk and replaced it with soy powder; they got it approved by regional.”

HOUSING (STEP-DOWN PROGRAM UNIT)

Only two survey respondents housed at USP Florence were currently participating in the Step-Down program. Both were currently in stage three of the program. Both inmates reported having been sent back the SHU or ADX Florence (re-starting the Step-Down program). One inmate notes

that he was sent back to ADX Florence to re-start the Step-Down program. He denotes that “it took me a year and a half to get back to USP Florence...I was kicked out of the program in 2005 (after his arrival at ADX in 2001).” He was allowed to re-start the program in 2015 after returning to ADX in 2014.

When asked if there was anything else they would like to share about the Step-Down program, one inmate expressed concern for how long it takes to make it through the Step-Down program in stating “a year and a half is a really long time to go all the way back through the program. You can even get sent back for a fight you didn’t start.”

DEMOGRAPHICS

Age - 50% of survey respondents were between the ages of 41-50. 40% were between the ages of 31-40. And 10% (1 respondent) was between the ages of 26-30.

Race - 70% of inmates who responded to our survey at USP Florence identified as black. 10% identified as white. 20% identified their race as other.

Ethnicity - 71.4% of respondents identified as non-Hispanic. 28.6% identified as other. 0% of survey respondents identified as Hispanic.

Previous Facilities - The majority of survey respondents had been housed at between 5-8 federal prison facilities before being placed at USP Florence. USP Big Sandy, USP Lewisburg and USP Atwater were the top three BOP facilities mentioned the most (4 mentions each) by survey respondents at USP Florence.

IX. TOP INMATE RECOMMENDATIONS TO IMPROVE *CONDITIONS OF CONFINEMENT*

Improve and ensure integrity of the Grievance Process

- “Care about grievances.

Policy reforms around the SHU

- “Change SHU and how its run...allow for TVS and tables in cells.”

Improve access to Communication

- “You have to wait to get access to email services as participants in the Step-Down program. I am in Range 9 and we only have 1 computer for 9 people to access within a limited time frame (1-3 hours).”

Increase access to Recreation

- “Open the yard back up.

Increase Employment and Educational opportunities

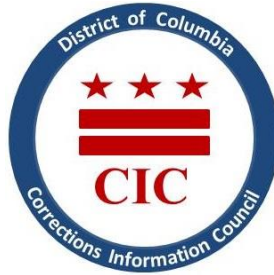
- Bring back UNICOR
- Get UNICOR at this place...get staff to help with GED issues.
- “Improve access to jobs.

Increase access to transfer to medium facility for those with good behavior

- “I have a life sentence. I have medium points but can’t get to a medium facility. Other federal prisoners with more points than me can get to a medium facility. But I can’t.

Improve treatment by staff

- “Do an overhaul of staff- specifically non-executive staff.”
- “Stop [staff from] spitting in food, racial slurs, favoritism and cover ups of abuse.”
- “Staff needs to be more professional (i.e. talking to other people not like an animal.”
- “Ease up on inmates on small issues.



**District of Columbia
Corrections Information Council**

The electronic version of this report is
available on the CIC website:
<https://www.cic.dc.gov/>



U.S. Department of Justice

Federal Bureau of Prisons

Washington, DC 20534

OCT 30 2018

Michelle R. Bonner, Esq.
Executive Director
DC Corrections Information Council
2901 14th Street, NW
Washington, DC. 20009

Dear Ms. Bonner,

This letter is in response to the draft inspection report received on July 24, 2018, regarding the April 26-27, 2017, visit to FCC Florence. The Bureau of Prisons (Bureau) recognizes the value of the Corrections Information Council (CIC) inspections of its facilities and the voice it provides the D.C. Superior Court inmates. We hope to continue working closely to improve Bureau facilities and raise awareness with regard to those inmates' needs.

Throughout the report, unsubstantiated allegations are made without direct observation of the CIC or supported by any facts or evidence that can be corroborated. The Bureau takes allegations of misconduct seriously. If provided with specific case information, the Bureau will assist in any assessment or investigate any matter. Additionally, the contracted correctional psychology expert comments on a number of specific cases. The Bureau is not able to respond to concerns related to specific inmates if we are not provided with the inmate's name.

Clarification of Statements:

The draft report states: *"Inmates at Florence ADX spend 22 or more hours a day in a cell with no meaningful human contact, in what is commonly known as solitary confinement."*

Response: The term "solitary confinement" is often used to describe inmates in restrictive housing. This term is misleading since it is seldom solitary or devoid of human contact.

Correctional officials as is stated in the U.S. Department of Justice Report and Recommendations Concerning the Use of Restrictive Housing dated January 2016 do not use the term. The ADX houses the Bureau's most violent, predatory, disruptive and escape prone inmates and has multiple units with a variety of missions based on the security and needs of the inmate population. While there are some inmates who may be in a cell for up to 22 hours a day, many inmates have as much as 7 ½ hours a day of meaningful out-of-cell time. Due to the violent nature of over 95% of the ADX inmate population, inmates are celled singularly for their protection and the protection of the staff and other inmates, however, still not void of human contact.

The draft report states: *"Staff reported that, at times while in four-point restraints, inmates would be temporarily unfettered, so that they can shower and clean their cells. Staff then would place the inmates back in restraints."*

Response: Inmates who require the level of control provided by four point restraints are not temporarily removed from restraints for cell cleaning and hygiene purposes, and then transitioned back into four-point restraints.. In circumstances where restraints are deemed necessary, staff progressively utilize the level of restraint based solely on the inmate's behavior to ensure safety and security is maintained.

The draft report states: *"The facility also reported that three DC inmates had physical disabilities and two had cognitive disabilities. When asked to comment about medical health care, one of these DC inmates reported that medical staff members "do not provide adequate medical care," and expanded by explaining that he does not shower because he has fallen, fears that he will fall again, and the facility does not have a handicapped shower."*

Response: The BOP is not governed by the ADA. It falls under the Rehabilitation Act. Inmates at the ADX and across the entire BOP are subject to individual evaluations when determining special accommodations. Some routine items include hearing aids, wheelchairs, walkers, no lip shower pans, shower chairs, e-readers, sidewalks and wheelchair ramps. Medical staff address any fall concerns and orders are written to reduce risks to patients.

Some units have steps leading into the unit but an electric lift has been fitted where needed to allow wheelchair inmates to be lifted safely to another level. The medical departments write

orders for inmates to ensure their cell assignments meet their individualized needs.

Medical, Psychology, and Psychiatry services are available for all inmates with any mental health issues or cognitive impairments. Most mental health patients, depending on their care level, receive evaluations, follow up, and medication review weekly from at least one department.

In the event a patient's medical or mental health condition begins to deteriorate and a clinician determined inpatient treatment is warranted, they are transferred to a Federal Medical Center until their condition improves and they become appropriate for placement at their parent facility or another facility able to provide the services required.

The draft report states: *"Based on the CIC document review of inmate medical records and interviews with DC inmates, DC inmates arrived at Florence ADMAX with histories of mental health symptoms or illness. About half of inmates who responded to the survey question (9 out of 19) indicated that they were diagnosed with a mental health disorder prior to arriving at Florence ADMAX. The corrections psychology expert accompanying the CIC (CIC expert) on the on-site inspection noted that each of the four DC inmates she interviewed appeared to display significant signs of mental health disorders. The expert based this conclusion on the inmates' difficulty answering questions and their tendency to frequently switch topics to discuss their distrust of staff, with language that seemed to border on paranoia.*

During the document review portion of the inspection, the CIC corrections psychology expert reviewed three case files of DC inmates who, prior to their stays at Florence ADMAX, were diagnosed with serious Axis I disorders - such as Schizophrenia and Bipolar disorders. Prior to being in Florence ADMAX, the inmates also received inpatient psychiatric care.

One DC inmate's psychiatric report made clear that the individual suffered from a mental health disorder, dating back to his teenage years. The inmate reported that his assigned Florence ADMAX psychologist took him off psychotropic medications, following his attempted suicide by swallowing pills. Based on the inmate's record, the psychologist's understanding of the inmate's suicide attempt was that he was being manipulative. In the CIC expert's opinion, the decision of the psychologist to cease the inmate's psychotropic medication could only have led to a worsening in his psychiatric issues."

Response: BOP has implemented a robust screening process to ensure inmates with serious mental illness are not placed in the ADX, which is described in *PS 5310.16, Treatment and Care of Inmates with Mental Illness* and the accompanying ADX Institution Supplement. This process begins with the initial referral, which requires a clinical interview and psychological testing conducted by a psychologist at the referring institution. Psychologists in the Central Office to screen out inmates who have serious mental illness review the results of this assessment and the mental health record. The ADX Chief Psychologist screens inmates who are not precluded again at the time they are designated to ADX to ensure no significant deterioration has occurred since the time of the original screening. A Psychologist sees them again upon arrival. A working diagnosis, assessment of functional impairment, and initial mental health care level assignment is determined based on the initial screening. Inmates are treated with appropriate interventions based on the diagnosis and mental health care level. Finally, an inmate may be removed from ADX at any point if he is in need of inpatient care or if his mental health and security needs could be managed in a different setting.

Psychologists do not make decisions regarding psychotropic medications.

The draft report states: *"Two of the inmates whose records the CIC and CIC expert reviewed at length had significant head injuries. A TBI is caused by a bump, blow, or jolt to the head that disrupts the normal functioning of the brain. According to jail and prison studies assessed by the Center for Disease Control (CDC), as many as 87% of inmates report having sustained at least one head injury. The CDC now refers to TBI as a significant public health issue. Inmates suffering from TBI may present with erratic, aggressive behavior. They may have difficulty concentrating and report feelings of depression and/or anxiety. They may make suicide threats or engage in self-harming behaviors.*

Another inmate who was interviewed and whose documents were reviewed by CIC staff and the CIC expert, evidenced clear signs of past sexual abuse. According to his records, the inmate engaged in fire setting in the past, and, based on his interview, was currently engaging in inappropriate sexual behaviors. However, the inmate's Florence ADMAX records did not reflect that his psychologist considered these behaviors in the clinical evaluation of the inmate's issues. The psychologist's interventions and progress notes indicated that her major concern with the inmate was that he needed to keep his hands in sight when she was in his presence.

In reference to a third inmate, one psychologist's note read, "Inmate's functioning since the last review has remained unchanged although disturbed." The note went on to describe the inmate's cell as being "below average in cleanliness," and that the psychologist's "visual observation" of the inmate revealed that he was distressed." Prior to his stay in Florence ADMAX the inmate carried diagnoses including Schizophrenia, Schizoaffective Disorder, and Bipolar Disorder; however, upon admission to Florence, he re-diagnosed with Antisocial Personality Disorder. A diagnosis of Anti-Social Personality Disorder does not necessitate that the BOP provide mental health counseling, because this diagnosis are not thought to be amenable to psychiatric intervention.

"Axis I disorders documented in inmate's records prior to arriving at Florence ADMAX, are being reassessed as Axis II disorders. There seems to be a pattern of re-diagnosing inmates to reflect that they suffer from Anti-Social Personality Disorder upon their arrival to Florence. There is a concomitant trend to understand inmates' behaviors as manipulative in nature and not indicative of underlying mental health disorders. Clinical understanding of emotion and behavior is strikingly absent: this is a severe and very substantial departure from accepted clinical judgment and standards."

Response: As part of the initial screening by both Psychology and Health Services, inmates are asked about history of head trauma, loss of consciousness, falls, etc. If there are concerns, there is a referral for further assessment for traumatic brain injuries.

BOP and specifically ADX, have taken significant steps toward a trauma informed model of care. All staff have been introduced to this model through annual training. ADX staff receive more mental health training than most staff and have had additional exposure. Further, ADX was selected as one of two male facilities to offer Resolve, a multicomponent non-residential trauma treatment program run by a dedicated doctoral psychologist. If the second inmate described above is interested in treatment, this program is available to him.

Consistent with the most current version of the DSM, BOP no longer classifies disorders as "Axis I" or "Axis II". Concerning antisocial personality disorder, BOP policy clearly states it may be considered a serious mental illness in cases where there is significant functional impairment. In cases where there is significant functional impairment, psychologists should raise the inmate's care level and provide treatment of

the required intensity. The BOP does consider this disorder amenable to psychiatric intervention and many inmates receive treatment for this disorder.

Recommendations by CIC:

The CIC recommends the facility should monitor those in general population units in particular, as well as other units, are receiving more hours of out-of-cell time each day.

Response: Numerous new programming initiatives have been implemented. These include Psychology Services groups that are considered priority practices (i.e., groups that respond to the most frequent needs of the inmate population). The groups offered by psychologists are: Anger Management, Criminal Thinking, Basic Cognitive Skills, Cognitive-Behavioral Therapy for Insomnia, and Mindfulness-Based Cognitive Therapy. The groups rotate between General Population and the Control Unit and are also offered in the Reentry and Step-Down Units. Additionally, inmates can request to participate in non-residential substance abuse treatment and in the Resolve Program, which focuses on trauma.

Education, Recreation, Religious Services, Unit Team, and Health Services all offer at least one out-of-cell group on a rotating basis to all ADX inmates. Currently, inmates can sign up for Diabetes Management, Seven Habits of Highly Effective People, Positive Psychology, Victim Impact, Wellness Reentry Action Plan, Threshold with a Chaplain, and Typing Platinum. All inmates at the ADX are eligible to request participation in Psychology or other programming. In addition, all inmates with elevated mental health care levels are offered additional recreation time out of their cells and are given priority for placement in-group programs.

The CIC recommends those from DC are evaluated for participation in the Step Down and STAGES Program, to ensure there is no disparate treatment in such transfers.

Response: All inmates at the ADX are reviewed for participation in the Step Down and Secure STAGES programs based on eligibility, not their sentencing district.

The CIC recommends an independent qualified health professional to provide evaluations of inmates' current levels of functioning. If, in the clinical judgement of this independent evaluator, the inmate requires a higher level of care, the BOP

should make arrangements for their transfer to a more appropriate facility.

Response: The Bureau of Prisons hires professionally trained and licensed medical and mental health professionals. These medical and mental health professionals interact with the inmates on a regular basis and have a thorough picture of their physical and mental health. As stated previously, in the event a patient's medical or mental health condition begins to deteriorate and a clinician determined inpatient treatment is warranted, they are transferred to a Federal Medical Center until their condition improves and they become appropriate for placement at their parent facility or another facility able to provide the services required.

The CIC recommends increased access to psychology services, including increased rounds and documented contact to better ensure access. Ensure adequate mental health staffing and deployment schedules so as to be able to respond to inmate requests within a reasonable period of time.

Response: ADX Florence has more mental health staff than most Bureau institutions, with a mental health staff to inmate ratio greater than any other institution. Psychologist positions at ADX are currently filled at 100%. ADX Florence implemented an inmate request tracking system, which tracks an inmate requests until staff completion of the request. Each inmate at ADX Florence is seen at least once a week by trained mental health professionals or more often, as warranted.

The CIC recommends an increase in capacity for group programming by converting the former UNICOR space or another such space to group therapy space. Examine alternate to cages as security measures for group programming.

Response: ADX Florence converted the former UNICOR warehouse to programming and office space for Psychology Services, which more than doubled the previous capacity for group therapy. A variety of programming alternatives have been considered at ADX. Due to the security needs of the ADX population, the therapeutic modules currently in use are considered the most appropriate security measure.

CIC recommends the facility refrain from punishing inmates following acts of self-harm.

Response: When an inmate engages in self-harm, the inmate is immediately assessed by a Psychologist to determine whether the

inmate is safe or needs to be placed on suicide watch. In addition, recommendations are made for follow-up treatment and adhered to. Additionally, a Psychologist provides an evaluation to the disciplinary team regarding any incident reports written for the self-harm incident. With very few exceptions, inmates are found not competent and not responsible and/or a recommendation is made for no sanctions to be issued. In cases where the inmate is found responsible, it is for treatment purposes and the psychologist makes specific recommendations for sanctions based on the treatment needs of the inmate. Inmates are not punished following acts of self-harm.

CIC recommends that all inmates be screened for traumatic brain injuries upon their admission to the facility.

Response: ADX Florence has trained medical professionals who carefully screen all incoming inmates for any medical, dental or mental health needs/issues. As previously stated with regard to traumatic informed care: The BOP and specifically ADX, have taken significant steps toward a trauma informed model of care. All staff have been introduced to this model through annual training. ADX staff receive more mental health training than most staff and have had additional exposure. Further, ADX was selected as one of two male facilities to offer Resolve, a multicomponent non-residential trauma treatment program run by a dedicated doctoral psychologist.

CIC recommends the facility and agency should evaluate time between requests and receipt of medical and dental care and endeavor to make any necessary improvements.

Response: The medical and dental sick call process is currently being changed at the ADX to minimize the time between the request and care. The Medical Department will perform immediate cell side triage to ensure no emergent or urgent intervention is warranted. In most cases, the medical requests are for sick call. The medical/dental sick call slips will be collected and annotated on a request log. This process allows all medical staff visibility of requests and monitoring of timeliness. The sick call report will be monitored daily.

CIC recommends evaluating inmates, taking into account disability and mobility needs in reference to design limitations of the cells; then take measures to accommodate these needs, including transfer to more appropriate facilities that can accommodate those needs.

Response: ADX Florence evaluates the health needs of all inmates to include the need to accommodate inmate physical needs. If

such an accommodation is deemed medically necessary, those accommodations are made. If unable to accommodate, and if deemed medically necessary, inmates will be reviewed for placement at a more appropriate facility.

CIC recommends the use of restraints to be used as a last resort, in a limited capacity, if at all, and not as a punitive measure.

Response: ADX Florence does not use restraints as punishment. Restraints are used as a last resort as dictated by the BOP's Use of Force Policy. Moreover, Restraints are only used to contain harmful behavior and never as punishment. Once the inmate is in compliance and is no longer a threat to himself or others, the restraints are removed.

CIC recommends mental health staff consider alternatives to security's use of restraints in instances where signs of potential mental health decompensation are present immediately, rather than the once every 24-hour review.

Response: If there were mental health concerns, an inmate would be evaluated by a Psychologist immediately. If there were an acute psychiatric crisis, the inmate would be evaluated for involuntary medication and would continue to be monitored and evaluated by Psychology and Health Services.

CIC recommends the facility evaluate wait times for disciplinary hearings, taking into account outliers as well as averages, and it should complete monthly reviews of such times to quickly remedy instances where people are waiting weeks for hearings.

Response: Regional staff, institution Executive staff, and Unit Managers to ensure compliance with policy closely monitor the timeliness of the Unit Discipline Committee (UDC) and the Discipline Hearing Officer (DHO). The time lines are established in policy, 30 days for an investigation and five days for a hearing with the UDC. Any cases beyond five days requires approval by the Warden. The disciplinary process is evaluated for timeliness through perpetual audits, Operational Reviews, and Program Reviews.

CIC recommends the facility and agency review the administrative remedy process and take corrective action to address any circumstance that may circumvent opportunities for review of grievance on the merits.

Response: ADX Florence processes more administrative remedies than any other institution in the agency. All inmates are

allowed to utilize the process, with no circumvention. All claims are investigated and if merit is found in the grievance process, the inmate's request is granted. If the inmate disagrees with the response provided at the institution level, they have the right to continue the process at the Regional and Central Office levels, progressively. The BOP's Administrative Remedy Program, Program Statement explains the process as well the multi levels of review. It also explains the process by which inmates can receive assistance in filing grievances.

CIC recommends the facility explore more ways for inmates to participate in out-of-cell programming, including conversion of old UNICOR space to programming space. In addition, facility should explore programming options outside of cages.

Response: As was previously explained with regard to the use of the old UNICOR area: ADX Florence converted the former UNICOR warehouse to programming and office space for Psychology Services, which more than doubled the previous capacity for group therapy. A variety of programming alternatives have been considered at ADX. Due to the security needs of the ADX population, the therapeutic modules currently in use are considered the most appropriate security measure. Finally, there is an initiative to offer psychology groups in outside recreation areas outside in all housing units, as weather permits.

CIC recommends that the Bureau implement more programs like the STAGES Program as alternatives to solitary confinement for those with mental illness; and go further to use similar programs to reduce the use of solitary confinement for all incarcerated persons.

Response: There are numerous programs in the Bureau to assist offenders with mental illness, including two other secure programs for ADX and other high security offenders. The Bureau does not use solitary confinement and as the final step in the ADX Step-Down program, all inmates are required to accept a cellmate in order to be transferred to another institution.

CIC recommends that ADX Florence view communication less as a privilege to be denied and more of as public safety issue, allow for more efficient communication home via mail and video conferencing.

Response: ADX Florence views communication as a public safety issue; therefore, are very security conscious in regards to communication in order to prevent further crimes from occurring.

For security reasons, video conferencing is not being considered; however, visiting is offered seven days a week.

CIC recommends the facility and the agency evaluate the reentry programming in the Release Preparation Unit and more broadly offered by Reentry Coordinators to identify ways to improve content and delivery.

Response: ADX Florence created a Reentry Unit in September 2017. The inmates in the unit receive reentry classes 5 days a week.

CIC Recommends that the ADX evaluate the cases of those inmates who are within 24 months of release who could potentially be released straight from ADX Florence in an effort to maximize the amount of halfway house time for up to one year, per the Second Chance Act of 2007.

Response: ADX Florence reviews all inmates within 12-19 months of release for Residential Reentry Center placement per the Second Chance Act of 2007.

I appreciate the opportunity to review and provide comments to your inspection report of FCC Florence. I hope to continue working closely with the CIC to improve the operations of Bureau facilities and ensure we are meeting the needs of the inmate population.

Sincerely,

A handwritten signature in cursive script, appearing to read "D. Brewer".

David Brewer, Administrator
Correctional Programs Branch